Audits Section - Bay and Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

February 7, 2008

Ann Detrick, PhD., Director Santa Barbara County Alcohol, Drug, and Mental Health Services 300 North San Antonio Road, Building 3 Santa Barbara, CA 93110

Dear Dr. Detrick:

AUDIT REPORT – SANTA BARBARA COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Santa Barbara County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

| | 1 | let I | [⊃] rogram Co | <u>sts</u> | |
|---|------------------|-------|------------------------|------------|-------------------|
| • | <u>Settled</u> | | <u>Allowed</u> | | <u>Adjustment</u> |
| Federal Share of Short-Doyle/Medi-Cal | \$ 16,059,199 | \$ 1 | 13,767,325 | \$ | (2,291,874) |
| Federal Share of Healthy Families/Medi-Cal | \$ 445,492 | \$ | 365,998 | \$ | (79,494) |
| State General Funds EPSDT Due State | \$ 4,385,102 | \$ | 3,776,457 | \$ | (608,645) |

Ann Detrick, PhD., Director February 7, 2008 Page 2

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WÁLTER J. HILL, JR., MBA, EA

Chief of Audits

SHIRLEY CASTANEDA, Supervisor Audits Section – Bay & Central Region

Enclosures

CERTIFIED MAIL

SANTA BARBARA COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

| NET REIMBURSABLE MEDI-CAL PROGRAM COSTS | | _ | As Settled | | Audit Adjustments | As Audited |
|--|-----------|------------|----------------------|------|-------------------------|------------|
| COUNTY PROVIDERS MEDI-CAL - FFP | (Sch. 2a) | \$ | 10,940,167 | \$ | (1,991,802) \$ | 8,948,365 |
| HEALTHY FAMILIES - FFP | , , | | 331,472 | | (72,811) | 258,661 |
| TOTAL FFP - COUNTY PROVIDER | | \$_ | 11,271,639 | \$ | (2,064,613) \$ | 9,207,026 |
| CONTRACT PROVIDERS | | | | | | |
| MEDI-CAL - FFP | (Sch. 3b) | | 5,119,032 | | (300,072) | 4,818,960 |
| HEALTHY FAMILIES - FFP TOTAL FFP - CONTRACT PROVIDER | | ф — | 114,020 5,233,052 | · s | (6,683) (306,755) \$ | 107,337 |
| TOTAL FIF - CONTRACT FROVIDER | | ³ <u>—</u> | 3,233,032 | . Ф. | (300,733) \$ | 4,926,297 |
| TOTAL FFP - COUNTY PLUS CONTRACT P | ROVIDERS | | | | | |
| MEDI-CAL - FFP | | \$ | 16,059,199 | \$ | (2,291,874) \$ | 13,767,325 |
| HEALTHY FAMILIES - FFP | | | 445,492 | | (79,494) | 365,998 |
| TOTAL FFP | | \$ | 16,504,691 | \$ | (2,371,368) \$ | 14,133,323 |
| SUMMARY OF STATE GENERAL FUND | <u>s</u> | | | | | |
| EPSDT - SGF | (Sch. 4) | \$ | 4,385,102 | \$ | (608,645) \$ | 3,776,457 |

SANTA BARBARA COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

| COUNTY OPERATED FEDERAL | | | | | | | |
|--|------------------------------|------|------------|--------|-------------|-----|------------|
| | | | | | Audit | | |
| Total Madi Cal Corne Daimhaussanant | | _ | As Settled | | Adjustments | | As Audited |
| Total Medi-Cal Gross Reimbursement | (MAYY 10 (0 . T 11 . 11 A) | œ | 1 (05 51 (| æ | (214.225) | ď | 1 201 101 |
| 1. Inpatient SD/MC and Crossover | (MH 1968, Ln 11, 11A) | \$ | 1,695,516 | \$ | (314,325) | \$ | 1,381,191 |
| 2. Outpatient SD/MC and Crossover | (MH 1968, Ln 11, 11A) | | 15,738,040 | | (3,298,575) | | 12,439,465 |
| 3. Enhanced SD/MC (Children) - I/P | (MH1968, Ln 16, 16A) | | 0 | | 0 | | 0 |
| 4. Enhanced SD/MC (Children) - O/P | (MH1968, Ln 16, 16A) | | 0 | | 40,688 | | 40,688 |
| 5. Enhanced SD/MC (Refugees) - I/P | (MH1968, Ln 22) | | 0 | | 0 | | 0 |
| 6. Enhanced SD/MC (Refugees) - O/P | (MH1968, Ln 22) | | 0 | | 0 | | 0 |
| 7. Healthy Families Gross Reimbursement-I/P | (MH1968, Ln 27, 27A) | | 0 | | 0 | | 0 |
| 8. Healthy Families Gross Reimbursement-O/P | (MH1968, Ln 27, 27A) | _ | 446,343 | | (100,875) | _ | 345,468 |
| 9. Total | | \$ = | 17,879,899 | . \$ = | (3,673,086) | \$= | 14,206,813 |
| Less: Patient & Other Payor Revenues | | | | | | | |
| 10. Inpatient SD/MC and Crossover | (MH 1968, Ln 28, 28A) | \$ | 206,493 | \$ | 0 | \$ | 206,493 |
| 11. Outpatient SD/MC and Crossover | (MH 1968, Ln 28, 28A) | | 48,977 | | 0 | - | 48,977 |
| 12. Enhanced SD/MC (Children)-I/P | (MH 1968, Ln 29) | | 0 | | 0 | | 0 |
| 13. Enhanced SD/MC (Children)-O/P | (MH 1968, Ln 29) | | 0 | | 0 | | 0 |
| 14. Enhanced SD/MC (Refugees) - I/P | (MH1968, Ln 30) | | 0 | | 0 | | 0 |
| 15. Enhanced SD/MC (Refugees) - O/P | (MH1968, Ln 30) | | 0 | | 0 | | 0 |
| 16. Healthy Families Patient Revenue-I/P | (MH 1968, Ln 31) | | 0 | | 0 | | 0 |
| 17. Healthy Families Patient Revenue-O/P | (MH 1968, Ln 31) | | 0 | | 0 | | 0 |
| 18. Total | (, | \$ | 255,470 | \$ | | \$ | 255,470 |
| | | _ | | | | = | |
| Medi-Cal Net Reimbursement for Direct Services | | | | | | | |
| 19. Inpatient SD/MC (Incl Children Enhanced) | (Ln 1,3 - Ln 10,12) | \$ | 1,489,023 | \$ | (314,325) | \$ | 1,174,698 |
| 20. Outpatient SD/MC (Incl Children Enhanced) | (Ln 2,4 - Ln 11,13) | | 15,689,063 | | (3,257,887) | | 12,431,176 |
| 21. Enhanced SD/MC (Refugees)-I/P | (Ln 5 - Ln 14) | | 0 | | 0 | | 0 |
| 22. Enhanced SD/MC (Refugees)-O/P | (Ln 6 - Ln 15) | | 0 | | 0 | | 0 |
| 23. Healthy Families-I/P | (Ln 7 - Ln 16) | | 0 | | 0 | | 0 |
| 24. Healthy Families-O/P | (Ln 8 - Ln 17) | | 446,343 | | (100,875) | | 345,468 |
| 25. Total | | \$_ | 17,624,429 | \$ | (3,673,086) | \$_ | 13,951,343 |
| | | _ | | | | _ | |
| Medi-Cal MAA Reimbursement | | | | | | | |
| 26. Service Functions 01-09 | (MH1979, Ln 11, Col. A) | \$ | 0 | \$ | 0 | \$ | 0 |
| 27. Service Functions 11-19, 31-39 | (MH1979, Ln 12, Col. A) | | 0 | | 0 | | 0 |
| 28. Service Functions 21-19 | (MH1979, Ln 13, Col. A) | _ | 0 | | 0 | _ | 0 |
| 29. Total | | \$_ | 0 | \$ | 0 | \$ | 0 |

SANTA BARBARA COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

| COUNTY OPI | ERATED FEDERAL | | | | | Audit | | |
|-----------------|--|--------------------------|----------|-------------|------------------|-------------|---------------|-------------|
| | | | | As Settled | _ | Adjustments | | As Audited |
| Amount Negot | iated Rates Exceed Cost | | | | | | | |
| 30. Inpatient | SD/MC (Incl Children Enhan) | (MH 1968, Ln 38, 38A) | \$ | 0 | \$ | 0 | \$ | 0 |
| • | SD/MC (Incl Children Enhan) | (MH 1968, Ln 38, 38A) | | 0 | | 0 | | 0 |
| 32. Enhanced | SD/MC (Refugees)-I/P | (MH1968, Ln 39) | | 0 | | 0 | | 0 |
| 33. Enhanced | SD/MC (Refugees)-O/P | (MH1968, Ln 39) | | 0 | | 0 | | 0 |
| 34. Healthy F | amilies-I/P | (MH 1968, Ln 40, 40A) | | 0 | | 0 | | 0 |
| 35. Healthy F | amilies-O/P | (MH 1968, Ln 40, 40A) | | 0 | | 0 | _ | 0 |
| 36. Total | | | \$ | 0 | \$ = | 0 | \$ _ | 0 |
| Medi-Cal Adm | ninistrative Reimbursement | | | | | | | |
| | ative Reimbursement Limit | (MH 1979, Ln 4) | \$ | 4,188,171 | \$ | (551,430) | \$ | 3,636,741 |
| | Administration | (MH 1979, Ln 5) | <u> </u> | 2,191,696 | · * - | 210,931 | | 2,402,627 |
| | Reimbursement | (Lower of Ln 37, Ln 38) | * \$ | 2,191,696 | · | | \$ | 2,402,627 |
| | | | | | = | | = | |
| Healthy Famil | ies Administrative Reimbursement | | | | | | | |
| 40. Healthy F | amilies Administrative Reimbursement Lin | nit (MH1979, Ln 8) | \$ | 62,132 | \$_ | (10,839) | \$_ | 51,293 |
| 41. Healthy F | amilies Administration | (MH1979, Ln 9) | \$ | 62,499 | \$_ | 3,968 | \$_ | 66,467 |
| 42. Healthy F | amilies Administrative Reimbursement | (Lower of Ln 40, Ln 41) | \$ | 62,132 | \$_ | (10,839) | \$ _ | 51,293 |
| Utilization Re | view Reimbursement | | | | | | | |
| 43. Skilled Pr | | (MH1979, Ln 14, Col. D) | \$ | 1,254,438 | \$ | (499,083) | \$ | 755,355 |
| 44. Other Med | di-Cal U.R. | (MH1979, Ln 15, Col. D) | \$ | 100,303 | \$ | 223,421 | \$_ | 323,724 |
| N 4 OD MAC D | . L CED | | | | | | | |
| | eimbursement - FFP | (MIII070 I = 16 16A) | ď | 0 052 220 | ď | (1.9(1.229) | ø | 6 002 110 |
| 45. Direct Ser | | (MH1979, Ln 16,16A) | \$ | | \$ | (1,861,228) | Э | 6,992,110 |
| 46. Enhanced | • | (MH1979, Ln 17,17A) | | 0 | | 26,563 | | 26,563 |
| 47. Enhanced | (Refugees) | (MH1979, Ln 18) | 7. | 0 | | 0 | | 0 |
| 48 MAA | | (MH 1979, Ln 11, 12 & 12 | 3) | 0 | | 0 | | 0 |
| | ative Reimbursement | (MH1979, Ln 6) | | 1,095,848 | | 105,466 | | 1,201,314 |
| | ed Professional | (MH1979, Ln 14) | | 940,829 | | (374,313) | | 566,516 |
| 51. U.R. Othe | | (MH1979, Ln 15) | | 50,152 | | 111,710 | | 161,862 |
| - | l Rate-Payback | (MH1979, Ln 20) | _ | 0 | - ₋ - | 0 | <i>-</i> | 0 |
| 53. Subtotal- l | FFP | | \$ = | 10,940,167 | = \$= | (1,991,802) | > = | 8,948,365 |
| 54. Contract L | imitation Adjustment | (MH 1979, Ln 22) | \$ | 0 | \$ | 0 | \$ | 0 |
| 55. Quality As | ssurance Review Results | (Adj #) | _ | 0 | | 0 | _ | 0 |
| 56. Total SD/I | MC Reimbursement - FFP | | \$ | 10,940,167 | \$ | (1,991,802) | \$ | 8,948,365 |
| Net Healthy F | Families Reimbursement - FFP | | | | = = | | = | • |
| 57. Healthy F | amilies Net Reimbursement | (MH1979, Ln 24,24A) | \$ | 290,931 | \$ | (65,739) | \$ | 225,192 |
| 58. Negotiate | d Rate Exceed Costs | (MH1979, Ln 26) | | 0 | | 0 | | 0 |
| - | ative Reimbursement | (MH1979, Ln 10) | | 40,541 | | (7,073) | | 33,468 |
| | lthy Families Reimbursement - FFP | , , , | \$ | 331,472 | - \$ | (72,811) | \$ | 258,661 |
| | | | = | | = = | | - | |
| 61. Total - FF | P (Ln 56 + Ln 60) | | \$_ | 11,271,639 | \$ | (2,064,613) | \$_ | 9,207,026 |
| | | | | | • | | - | (To Sch. 1) |

SANTA BARBARA SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

| | | | (1) | (2) | | 154 | (4) Total | | (5) Healthy | | (6) \Regular M/Cal | | (7) PSDT Enhanced - | | (8) Enhanced - | Q.A.J. | (9) Total | (10) |
|-----------------|-----------------------------------|-----|----------------------------|------------------------------|------------------------|-----|---------------|-----|----------------|-----|--------------------|----|------------------------|----------|-------------------|-----------|---------------|---------------------|
| | | | Regular M/Cal and EPSDT | EPSDT Enhanced - Children | Enhanced - Refugees | | Gross Cost | | Families | | and EPSDT | Er | Children | | Refugees | | Gross Cost | Healthy Families |
| Legal Entity | | | Gross Cost | Gross Cost | Gross Cost | | (Excl. HFP) | | Gross Cost | | Gross Cost | | Gross Cost | | Gross Cost | | (Excl. HFP) | Gross Cost |
| Number | Legal Entity | ı | Gloss Cost | I N P | A T I | Е | | | 0,033 0031 | Г | 01033 0031 | | O U T | P | A T | | E N T | 01033 0030 |
| Mainbei | Legal Littly | | (MH 1968. | (MH 1968, | (MH 1968, | _ | (Col. 1 to 3) | | (MH 1968, | _ | (MH 1968, | | (MH 1968, | | (MH 1968, | | (Col. 6 to 8) | (MH 1968, |
| | | | Ln 5, 5A, 10,10A) | Ln 16, 16A) | Ln 22) | | (001: 1 10 0) | | Ln 27, 27A) | | Ln 5, 5A, 10,10A) | | Ln 16, 16A) | | Ln 22) | | (00 0 10 0) | Ln 27, 27A) |
| | | | 2110,011,10,1011 | 211 10, 1011 | | | | | | | | | | | , | | | |
| 00108 | Telecare Corporation | \$ | . 0 | \$ 0: | \$. 0 | \$ | 0 | \$ | 0 9 | \$ | 2,252,753 | \$ | 0 : | \$ | 1 | 0 \$ | 2,252,753 \$ | 0 |
| | Seneca Center | \$ | 0 - | \$ 0 | \$ 0 | \$ | 0 | \$ | 0 \$ | \$ | 36,968 | | 0 : | \$ | | 0 \$ | 36,968 \$ | 0 |
| 00275 | Casa Pacifica | \$ | 0 | \$ 0 : | \$ 0 | \$ | 0 | \$ | 0 \$ | \$ | 59,303 | | 0 : | | | 0 \$ | 59,303 \$ | 0 |
| 00389 | Transitions Mental Health Assoc. | \$ | 0 | \$ 0 : | | | 0 | | 0 \$ | | 414,615 | | 0 : | \$ | | 0 \$ | 414,615 \$ | 0 |
| 00416 | CHARLEE Family Care, Inc. | \$ | 0 | \$ 0 : | \$ 0 | \$ | 0 | | 0 9 | \$ | 1,597 | | 0 9 | \$ | | 0 \$ | 1,597 \$ | 0 |
| 00417 | Sanctuary Psychiatric Centers | \$ | 0 | \$ 0 : | \$ 0 | \$ | 0 | | 0 \$ | | 637,647 | | | \$ | | 0 \$ | 637,647 \$ | 0 |
| 00472 | Devereux Foundation | \$ | 0 | \$ 0: | \$ 0 | \$ | 0 | | 0 \$ | | 25,548 | | 0 3 | | | 0 \$ | 25,548 \$ | 0 |
| 00484 | North Valley Schools | \$ | | \$ 0 : | | | 0 | | 0 8 | | 65,646 | | 0 \$ | - | | 0 \$ | 65,646 \$ | 0 |
| 00541 | Charis Youth Center | \$ | 0 | \$ 0 : | \$ 0 | \$ | 0 | | 0 9 | \$ | 9,024 | | 0 9 | \$ | | 0 \$ | 9,024 \$ | 0 |
| 00674 | American Medical Response | \$ | 0 | | | | 0 | | 0 \$ | | 182,786 | | 0 5 | • | | 0 \$ | 182,786 \$ | 2,959 |
| 00675 | Child Abuse Listening & Mediation | \$ | 0 | \$ 0 : | \$ 0 | \$ | 0 | | 0 \$ | | 518,582 | | 0 5 | | | 0 \$ | 518,582 \$ | 17,504 |
| 00676 | Family Service Agency | \$ | 0 | \$ 0 : | \$ 0 | \$ | 0 | | 0 \$ | • | 222,298 | | 0 9 | | | 0 \$ | 222,298 \$ | 9,286 |
| 00678 | Santa Barbara Mental Hith Assoc. | \$ | 0 | \$ 0 5 | | | 0 | | 0 \$ | • | 579,701 | | 0 3 | - | | 0 \$ | 579,701 \$ | 0 |
| 00679 | Community Action Commission | \$ | 0 | | | \$ | 0 | | 0 \$ | - | 1,402,159 | | 0 \$ | | | 0 \$ | 1,402,159 \$ | 121,298 |
| 00680 | Vocational Training Centers | \$ | 0 | | | | 0 | | 0 \$ | | 23,179 | | 0 3 | - | | 0 \$ | 23,179 \$ | 0 |
| 00681 | Santa Maria Vly. Youth & Family | \$ | 0 : | | | | 0 | | 0 \$ | | 361,566 | | 0 5 | | | 0 \$ | 361,566 \$ | 13,656 |
| 00683 | Work Training Programs, Inc. | \$ | 0 : | \$ 0 9 | | | 0 | - | 0 \$ | | 1,626,316 | | 0 5 | | | 3 \$ | 1,626,316 \$ | 0 |
| 00684 | Phoenix of Santa Barbara | \$ | 0 | | | | 0 | | 0 \$ | | 567,684 | | 0 5 | - | | \$ | 567,684 \$ | 0 |
| | Work, Inc. | \$ | 0 : | | | | 0 | | 0 \$ | | 4,685 | | 0 \$ | | | \$ 0 | 4,685 \$ | 0 |
| 00893 | Soujoum Services, Inc. | \$ | 0 : | \$ 0 : | \$ 0 | \$ | 0 | | 0 \$ | • | 843,264 | | 0 5 | \$ | |) \$ | 843,264 \$ | 2,754 |
| | | \$ | 0 : | | | - | 0 | - | 0 \$ | - | 0 : | | 0 5 | - | | \$ | 0 \$ | 0 |
| | | \$ | 0 : | \$ 0 9 | | | | \$ | 0 \$ | | 0 : | | 0 5 | 5 | |) \$ | 0 \$ | 0 |
| | | \$ | - | \$ 0 5 | | | | \$ | 0 \$ | | 0 : | | 0 \$ | ₿ | | \$ 0 | 0 \$ | 0 |
| | | \$ | 0 : | | | | 0 | | 0 \$ | | 0 : | | 0 5 | • | | \$ 0 | 0 \$ | 0 |
| | | \$ | 0 : | | | | | \$ | 0 \$ | | 0 : | | 0 \$ | • | | \$ 0 | 0 \$ | 0 |
| | | \$ | | \$ 0 5 | | | | \$ | 0 \$ | • | 0 ; | | 0 \$ | • | |) \$ | 0 \$ | 0 |
| | | \$ | 0 : | | | | | \$ | 0 \$ | | 0 : | | 0 \$ | | | \$ | 0 \$ | 0 |
| | | \$ | 0 : | | | | 0 | | 0 \$ | | 0 9 | | 0 \$ | | | \$ | 0 \$ | 0 |
| | | \$ | 0 : | | | | 0 | | 0 \$ | | 0 : | | 0 \$ | | | \$ | 0 \$ | 0 |
| | | \$ | 0 : | | • | | 0 | \$ | 0 \$ | | 0 : | \$ | 0 \$ | 5 | (| \$ | 0 \$ | 0 |
| | | \$ | 0 : | \$ 0.5 | 5 0 | \$ | 0 | \$ | . 0 \$ | | 0 9 | | 0 \$ | \$ | C | \$ (| 0 \$ | 0 |
| | | \$ | 0 3 | | | \$ | 0 | | 0 \$ | | 0 5 | | 0 9 | | - | \$ | 0 \$ | 0 |
| | | \$ | 0 : | \$ 0 5 | 0 | \$ | 0 | | 0 \$ | | 0 : | | 0 \$ | 6 | C | \$ (| 0 \$ | 0 |
| | | \$ | 0 \$ | | | | 0 | | 0 \$ | | 0 5 | | 0 \$ | | | \$ | 0 \$ | 0 |
| | | \$ | 0 : | \$ 0 5 | 0 | \$ | 0 | \$ | 0 \$ | \$ | 0 9 | \$ | 0 \$ | 6 | (| \$ | 0 \$ | 0 |
| | | | | - | | _ | | . — | | . — | | | | | | | | |
| | | \$_ | 0 5 | \$\$ | 0 | \$_ | 0 | \$ | 0 \$ | Б́_ | 9,835,321 | 5 | 0.9 | <u> </u> | | \$ | 9,835,321 \$ | 167,457 |

SANTA BARBARA SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

| Legal Entity Number | <u>Legal Entity</u> | [| (11) Total Revenue (Excl. HFP) INPATI (MH 1968, Ln 28 to 30) | Healthy Families Revenue | Total Revenue (Excl. HFP) OUTPAT (MH 1968, Ln 28 to 30) | (14) Healthy Families Revenue I E N T (MH 1968, Ln 31) | (15) Total Net Cost (Excl. HFP) INPAT (Col 4-11) | Net Cost Healthy Families I E N T (Col 5-12) | (17) Total Net Cost (Excl. HFP) O U T P A (Col 9-13) | Net Cost Healthy Families | (19) Total MAA FFP Reimbursement (MH 1979, Ln 11-13) |
|---------------------------|-----------------------------------|------|--|--------------------------------|---|--|--|--|--|------------------------------|--|
| 00108 | Telecare Corporation | \$ | 39 \$ | 0 \$ | 39 \$ | 0 \$ | (39) \$ | 0 \$ | 2,252,714 \$ | 0 \$ | 0 |
| | Seneca Center | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 36,968 \$ | 0 \$ | 0 |
| 00275 | Casa Pacifica | \$ | . 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 59,303 \$ | 0 \$ | 0 |
| 00389 | Transitions Mental Health Assoc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 414,615 \$ | 0 \$ | 0 |
| 00416 | CHARLEE Family Care, Inc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 1,597 \$ | 0 \$ | 0 |
| 00417 | Sanctuary Psychiatric Centers | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 637,647 \$ | 0 \$ | 0 |
| 00472 | Devereux Foundation | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 25,548 \$ | 0 \$ | 0 |
| 00484 | North Valley Schools | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 65,646 \$ | 0 \$ | 0 |
| 00541 | Charis Youth Center | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 9,024 \$ | 0 \$ | 0 |
| 00674 | American Medical Response | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 182,786 \$ | 2,959 \$ | 0 |
| 00675 | Child Abuse Listening & Mediation | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 518,582 \$ | 17,504 \$ | 0 |
| 00676 | Family Service Agency | \$ | 0 \$ | 0 \$ | 194 \$ | 0 \$ | 0 \$ | 0 \$ | 222,104 \$ | 9,286 \$ | 0 |
| 00678 | Santa Barbara Mental Hith Assoc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 579,701 \$ | 0 \$ | 0 |
| 00679 | Community Action Commission | \$ | 0 \$ | 0 \$ | 2,450 \$ | 0 \$ | 0 \$ | 0 \$ | 1,399,709 \$ | 121,298 \$ | 0 |
| 00680 | Vocational Training Centers | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 23,179 \$ | 0 \$ | 0 |
| 00681 | Santa Maria Vly. Youth & Family | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 361,566 \$ | 13,656 \$ | 0 |
| 00683 | Work Training Programs, Inc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 1,626,316 \$ | 0 \$ | 0 |
| 00684 | Phoenix of Santa Barbara | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | . 0 \$ | 567,684 \$ | 0 \$ | 0 |
| 00728 | Work, Inc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 4,685 \$ | 0 \$ | 0 |
| 00893 | Soujourn Services, Inc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 843,264 \$ | 2,754 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | . 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | O \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| | GRAND TOTAL | \$_ | 39 \$ | 0 \$ | 2,683 \$ | 0 \$ | (39) \$ | 0 \$ | 9,832,638 \$ | 167,457 \$ | 0 |

SANTA BARBARA SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2003

| | | 555 562 | (20) Neg. Rates | (21) Neg. Rates | Neg. Rates | Neg. Rates | | (25) | | | |
|--------|-----------------------------------|--------------|--------------------|--------------------|-------------------|------------------|------------------------|-----------------------------------|------------------------|---------------------|------------------------|
| Legai | | | Exceed Costs | Exceed Costs | Exceed Costs | Exceed Costs | Total SD/MC | Healthy Families Reimbursement | Total | FFP | Lower of FFP |
| Entity | Legal Entity | r | (Excl. HFP) | Healthy Families | (Excl. HFP) OUTPA | Healthy Families | Reimbursement (FFP) | (FFP) | Reimbursement (FFP) | Contract Maximum | or Contract Maximum |
| Number | Legal Entity | L | (MH 1968, | (MH 1968, | (MH 1968, | (MH 1968, | (MH 1979, Line 21) | (MH 1979, Ln. 27) | (Col. 24 + 25) | Waxiiiuiii | maximum |
| | | | Ln 38 to 39) | Ln 40, 40A) | Ln 38 to 39) | Ln 40, 40A) | (1011 1075, Earlo 21) | (1017 1070, 211. 27) | (00). 24 : 207 | | |
| 00108 | Telecare Corporation | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | | 1,159,207 \$ | 1,636,204 \$ | 1,159,207 |
| 00115 | Seneca Center | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 19,123 \$ | 24,177 \$ | 19,123 |
| 00275 | Casa Pacifica | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 30,587 \$ | 171,810 \$ | 30,587 |
| 00389 | Transitions Mental Health Assoc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 213,059 \$ | 310,852 \$ | 213,059 |
| 00416 | CHARLEE Family Care, Inc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 809 \$ | 2,675 \$ | 809 |
| 00417 | Sanctuary Psychiatric Centers | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 327,021 \$ | 118,619 \$ | 118,619 |
| 00472 | Devereux Foundation | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 13,263 \$ | 50,411 \$ | 13,263 |
| 00484 | North Valley Schools | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 33,736 \$ | 196,820 \$ | 33,736 |
| 00541 | Charis Youth Center | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 4,678 \$ | 0 \$ | 4,678 \$ | 20,576 \$ | 4,678 |
| 00674 | American Medical Response | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 93,807 \$ | 1,927 \$ | 95,734 \$ | 281,131 \$ | 95,734 |
| 00675 | Child Abuse Listening & Mediation | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 266,870 \$ | 11,396 \$ | 278,266 \$ | 246,781 \$ | 246,781 |
| 00676 | Family Service Agency | \$ | . 0 \$ | 0 \$ | 0 \$ | 0 \$ | 115,186 \$ | 6,053 \$ | 121,239 \$ | 140,431 \$ | 121,239 |
| 00678 | Santa Barbara Mental Hith Assoc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 299,486 \$ | 0 \$ | 299,486 \$ | 418,661 \$ | 299,486 |
| 00679 | Community Action Commission | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 720,257 \$ | 79,034 \$ | 799,291 \$ | 1,026,382 \$ | 799,291 |
| 00680 | Vocational Training Centers | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 11,867 \$ | 0 \$ | 11,867 \$ | 4,887 \$ | 4,887 |
| 00681 | Santa Maria Viy. Youth & Family | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 186,586 \$ | 8,927 \$ | 195,513 \$ | 234,293 \$ | 195,513 |
| 00683 | Work Training Programs, Inc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 837,990 \$ | 0 \$ | 837,990 \$ | 947,603 \$ | 837,990 |
| 00684 | Phoenix of Santa Barbara | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 293,161 \$ | . • 0 \$ | 293,161 \$ | 380,197 \$ | 293,161 |
| 00728 | Work, Inc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 2,373 \$ | 0 \$ | 2,373 \$ | 3,086 \$ | 2,373 |
| 00893 | Soujourn Services, Inc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 436,761 \$ | 0 \$ | 436,761 \$ | 603,391 \$ | 436,761 |
| 0 | | 3 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | (| \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | (| \$ 0 | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | 5 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | ō |
| 0 | | 5 | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | Ō |
| 0 | | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| ō | (| \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | Ō |
| 0 | (| 5 | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| ō | | \$ | 0 \$ | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | Õ |
| | |) \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | ^ |
| 0 | | 5 \$ | 0 \$ | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | |) \$) \$ | 0 \$ | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | |) \$) \$ | 0 \$ | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| - | · | • | | | | | | | | | |
| | GRAND TOTAL | \$ [| 0 \$ | 0 \$ | 0 \$ | 0 \$ | 5,065,827 \$ | 107,337 \$ | 5,173,164 \$ | 6,818,987 \$ | 4,926,297 |

(To Sch. 1)

SANTA BARBARA COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2003

| | As Settled | Adjustment | As Audited |
|---|--------------|----------------|----------------------------|
| (1) SD/MC Actuals after Cost Report Settlement | \$25,625,690 | \$ (3,554,605) | \$22,071,085 |
| (2) Total SD/MC Claims | \$27,167,702 | \$0 | \$27,167,702 |
| (3) Percent % (1) of (2) = (3) | 94.32% | | 81.24% |
| (4) EPSDT Claims | \$10,847,823 | \$0 | \$10,847,823 |
| (5) Actual Cost Settled EPSDT SD/MC (3) x (4) = (5) | \$10,231,667 | (\$1,418,878) | \$8,812,789 |
| (6) Cost Settled Baseline for EPSDT | \$1,074,096 | \$0 | \$1,074,096 |
| (7) Cost Settlement Amount (5) - (6) = (7) | \$9,157,571 | (\$1,418,878) | \$7,738,693 |
| (8) 48.64% of Net Cost Settlement Amount (7) x 48.56%) = (8) | \$4,446,916 | (\$682,816) | \$3,764,100 |
| (8a) FY 2001-02 EPSDT settlement (48.64% of net costs (8)) | \$3,828,778 | \$58,891 | \$3,887,669 |
| (8b) Actual Local Growth (8) - (8a) = (8b) | \$618,138 | (\$741,707) | (\$123,569) |
| (9) County Match 10% of Local Growth (8b) x 10% = (9) | \$61,814 | (\$74,171) | (\$12,357) |
| (10) Net cost settlement amount (8) - (9) = (10) | \$4,385,102 | (\$608,645) | \$3,776,457 |
| (11) SGF Distributed | \$4,385,102 | \$0 | \$4,385,102 |
| (12) SGF Owed to the State | \$0 | (\$608,645) | (\$608,645) (To Sch. 1) |

Sources:

- Line 1 Total CFRS SD/MC actuals after final settlement for Net Direct Outpatient Services Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- Line 2 Total SD/MC paid claims (total non-hospital, including PHF's) by County submitting claims.
- Line 4 SD/MC paid claims for children under 21 years of age (full scope, non-hospital including PHF's) including new aid codes by County of Beneficiary.
- Line 6 Cost Settled Baseline for 2002-2003, includes increase for FFS/MC provider rate increase.
- Line 7 Settlement amount prior to 10% match calculation (8) (9)
- Line 11 SGF gross distribution (see DMH letter dated October 23, 2002 sent to Local Mental Health Directors). Includes adjustment for additional SGF and ASO non participants.
- Line 12 Amount owed back to the state can not be more than advanced.

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: SANTA BARBARA

| | Legal Entity: SANTA BARBARA COUNTY | Α | В | С |
|-----|--|--------------|---------------------------------------|--------------|
| Leç | gal Entity Number: 00042 | Salaries | | Total |
| | | and Benefits | Other | Costs |
| 1 | Mental Health Expenditures | 21,513,845 | 35,806,574 | 57,320,419 |
| 2 | Encumbrances | | (715,937) | (715,937) |
| 3 | Less: Payments to Contract Providers (County Only) | | (13,027,025) | (13,027,025) |
| 4 | Other Adjustments (Provide Detail) | | (1,727,552) | (1,727,552) |
| 5 | Total Costs Before Medi-Cal Adjustments | 21,513,845 | 20,336,059 | 41,849,904 |
| 6 | Medi-Cal Adjustments from MH 1961 | All s | | (16,151,250) |
| 7 | Managed Care Consolidation (County Only) | | | |
| 8 | Allowable Costs for Allocation | | | 25,698,654 |
| | Administrative Costs (County Only) | | | |
| 9 | SD/MC Administration | | | 2,402,627 |
| 10 | Healthy Families Administration | | | 66,467 |
| 11 | Non-SD/MC Administration | | | 1,398,760 |
| 12 | Total Administrative Costs | | | 3,867,854 |
| | | · | | |
| | Utilization Review Costs (County Only) | | | |
| 13 | Skilled Professional Medical Personnel | | | 755,355 |
| 14 | Other SD/MC Utilization Review | : | | 323,724 |
| 15 | Non-SD/MC Utilization Review | | | 648,210 |
| 16 | Total Utilization Review Costs | | | 1,727,289 |
| | | | | |
| 17 | Research and Evaluation (County Only) | | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| 18 | Mode Costs (Direct Service and MAA) | | | 20,103,511 |
| 10 | - 10 1 10 | | | |
| 19 | Total Costs - Lines 9 through 18 | | | 25,698,654 |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: SANTA BARBARA

| | Legal Entity: SANTA BARBARA COUNTY | A | В | С |
|----|--|--------------|--------------|--------------|
| Le | gal Entity Number: 00042 | Salaries | | Total |
| | | and Benefits | Other | Adjustments |
| 1 | ADP | (1,764,193) | (10,467,646) | (12,231,839) |
| 2 | ADP ICRP | | (109,978) | (109,978) |
| 3 | Other Adjustments (See Other Adjustments Detail) | | (992,475) | (992,475) |
| 4 | Depreciation | | 21,469 | 21,469 |
| 5 | Audit Settlements | | (39,277) | (39,277) |
| 6 | EPSDT Deduction from ASO | | 5,673 | 5,673 |
| 7 | CEC Services to Probation | | 534,334 | 534,334 |
| 8 | Negative Interest Revenue | | 134,693 | 134,693 |
| 9 | | | | |
| 10 | Audit Adjustment: | | | |
| 11 | Eliminate building expense | | (732,250) | (732,250) |
| 12 | To include depreciation expense | | 12,419 | 12,419 |
| 13 | Eliminate other financing uses | | (2,134,072) | (2,134,072) |
| 14 | Eliminate on fixed asset cost | | (17,771) | (17,771) |
| 15 | | | | |
| 16 | Eliminate Counseling Education Center expenses | | (534,334) | (534,334) |
| 17 | Eliminate duplicate EPSDT expenses | | (5,672) | (5,672) |
| 18 | Eliminate FFS cost not supported on G/L | | (5,774) | (5,774) |
| | Eliminate office equipment fixed asset expense | | (57,928) | (57,928) |
| | Include depreciation expense | | 1,532 | 1,532 |
| | Total Adjustments | (1,764,193) | (14,387,057) | (16,151,250) |

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: SANTA BARBARA

| | Legal Entity: SANTA BARBARA COUNTY | A |
|----|---|------------|
| Le | gal Entity Number: 00042 | Total |
| | | Costs |
| 1 | Mode Costs (Direct Service and MAA) from MH 1960 | 20,103,511 |
| | Modes | |
| 2 | Hospital Inpatient Services (Mode 05-SFC 10-19) | 3,331,746 |
| 3 | Other 24 Hour Services (Mode 05-All Other SFC) | |
| 4 | Day Services (Mode 10) | |
| 5 | Outpatient Services (Mode 15 Program 1 + Program 2) | 16,580,177 |
| 6 | Outreach Services (Mode 45) | 66,588 |
| 7 | Medi-Cal Administrative Activities (Mode 55) | |
| 8 | Support Services (Mode 60) | 125,000 |
| 9 | Total - Lines 2 through 8 | 20,103,511 |

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SANTA BARBARA
County Code: 42

CR

| Legal Entity: SANTA BARBARA COUNTY A B C D E | vice Service | G Service Function |
|--|----------------|--|
| Legal Entity Number: 00042 Mode: 05 - Hospital Inpatient (SFC 10-19) Mode Total Function | | |
| 10 19 1 Allocation Percentage 100.00% 54.09% 45.91% | ction Function | Function |
| 1 Allocation Percentage 100.00% 54.09% 45.91% | | |
| | | |
| 12 Otal Units 2.944 2.499 | | |
| 3 Gross Cost 3,331,746 1,802,069 1,529,677 | | |
| | | |
| 4 Cost per Unit 612.12 612.12 | | |
| 5 SMA per Unit 838.20 235.96 6 Published Charge per Unit 856.00 235.96 | | |
| 6 Published Charge per Unit 856.00 235.96 7 Negotiated Rate / Cost per Unit | | |
| | | - |
| 8 Medi-Cal Units 07/01/02 - 09/30/02 286 41 | | |
| 8A 10/01/02 - 06/30/03 1,172 9/7 | | |
| 9 Medicare/Medi-Cal Crossover Units 07/01/02 - 09/30/02 130 | | |
| 9A 10/01/02 - 06/30/03 227 | | |
| 10 | | <u> </u> |
| | | - |
| 07/01/02 09/30/02 | | + |
| 11A Healthy Families (SED) Units 10/01/02 - 06/30/03 | | |
| 12 Non-Medi-Cal Units 1,129 1,481 | | |
| | | |
| 13 Medi-Cal Costs * 07/01/02 - 09/30/02 185,873 175,065 10,808 | | + |
| 13A 10/01/02 - 06/30/03 976,793 717,400 259,393 | | |
| | | |
| 14A | | |
| 15A Medi-Cal Published Charges * 10/01/02 - 06/30/03 | | |
| 16 07/01/02 09/30/03 | | |
| Medi-Cal Negotiated Rates | | |
| | | |
| 17 Medicare/Medi-Cal Crossover Costs 07/01/02 - 09/30/02 79,575 79,575 79,575 | | |
| 17A 10/01/02 - 06/30/03 138,950 138,950 18 | | |
| 18 Medicare/Medi-Cal Crossover SMA Upper Limits 07/01/02 - 09/30/02 108,966 | | |
| 19 Madi Cal Carrona Bubblack Character 17/01/02 - 09/30/02 111,280 111,280 | | |
| Medicare/Medi-Cal Crossover Published Charges 19A Medicare/Medi-Cal Crossover Published Charges 10/01/02 - 06/30/03 194,312 | | |
| 20 07/01/02 09/30/02 | | |
| A Medicare/Medi-Cal Crossover Negotiated Rates 1/0/01/02 - 06/30/03 1/0/00/00 - 06/30/00 - 0 | - | 1 |
| | | |
| 21 Enhanced SD/MC (Children) Costs 07/01/02 - 09/30/02 | | <u> </u> |
| 21A 10/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 | | + |
| 222 Enhanced SD/MC (Children) SMA Upper Limits 10/01/02 - 06/30/03 10/01/02 - 06/30/03 | | - |
| 07/01/02 09/30/02 | - | |
| Enhanced SD/MC (Children) Published Charges 10/01/02 - 06/30/03 10/01/02 - 06/30/03 | | |
| 07/01/02 00/30/02 | | |
| 24A Enhanced SD/MC (Children) Negotiated Rates 10/01/02 - 06/30/03 | | |
| 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03 | | - |
| 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 | | + |
| 27 Enhanced SD/MC (Refugees) 9MA Opper Limits 07/01/02 - 06/30/03 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 | | + |
| 27 Emanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 | | |
| | | |
| 29 Healthy Families Costs 07/01/02 - 09/30/02 07/01/02 - 09/30/02 | | + |
| 29A 10/01/02 - 06/30/03 | | |
| 30 | | |
| 07/01/02 09/30/02 | | + |
| 31A Healthy Families Published Charges 10/01/02 - 06/30/03 10/01/02 - 06/30/03 | | + - |
| 07/01/02 09/30/02 | | |
| 10/01/02 - 06/30/03 10/01/02 - 06/000 10/01/02 - 06/000 10/01/02 - 06/000 10/0 | - | + |
| | | + |
| 33 Non-Medi-Cal Costs 1,950,555 691,079 1,259,476 | | |

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SANTA BARBARA

| | County Code: 42 | | | | | | | | |
|-----------|---|--|------------|----------|--|---------------------------------------|--|--------------|--------------|
| | Legal Entity: SANTA BARBARA COUNTY | | Α | В | C | D | E | F | G |
| Le | gal Entity Number: 00042 | | | Service | Service | Service | Service | Service | Service |
| <u> </u> | Mode: 05 - Other 24 Hour Services (All | Other SFC) | Mode Total | Function | Function | Function | Function | Function | Function |
| | TAIL - F- D | | | | | | | | |
| 1 | Allocation Percentage Total Units | <u></u> | | | | | | | |
| 3 | Gross Cost | | | | | | | | |
| | † | | | | | | | | |
| 4 | Cost per Unit | | | | | | | | |
| 5 | SMA per Unit Published Charge per Unit | | | | | | | | |
| 6 | Negotiated Rate / Cost per Unit | | | | | | | | l |
| Ë | Negotiated Nate / Cost per Offic | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 8 | Medi-Cal Units | 07/01/02 - 09/30/02 | | | | | | | |
| A8 | | 10/01/02 - 06/30/03 | | | | | | | |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/02 - 09/30/02 | | | | | ļ | | <u> </u> |
| 9A | | 10/01/02 - 06/30/03 | | | ļ | | | | |
| 10 | Enhanced SD/MC (Children) Units | 07/01/02 - 09/30/02 | | | ļ | | ļ | | |
| 10A | Enhanced SD/MC (Defrigues) Units | 10/01/02 - 06/30/03 | | | | | | | |
| | Enhanced SD/MC (Refugees) Units | 07/01/02 - 06/30/03 07/01/02 - 09/30/02 | | | <u></u> | | | | |
| 11 | Healthy Families (SED) Units | 10/01/02 - 09/30/02 | | | | | | | |
| 11A 12 | Non-Medi-Cal Units | 10/01/02 - 00/30/03 | | | | | - | | |
| | Thom mode only | | | | | | <u> </u> | | |
| 13 | Medi-Cal Costs | 07/01/02 - 09/30/02 | | | | | | | |
| 13A | | 10/01/02 - 06/30/03 | | | | | - | | ļ |
| 14 | Medi-Cal SMA Upper Limits | 07/01/02 - 09/30/02 | | | | | ļ | ļ | |
| 14A | | 10/01/02 - 06/30/03 | | | | | | | ļ |
| 15 | Medi-Cal Published Charges | 07/01/02 - 09/30/02 | | | | | <u> </u> | | |
| 15A | | 10/01/02 - 06/30/03 | | | | | | | |
| 16 16A | Medi-Cal Negotiated Rates | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | | | ļ <u></u> | <u> </u> | | | |
| IOA | | | | | | | | | |
| 17 | Medicare/Medi-Cal Crossover Costs | 07/01/02 - 09/30/02 | | | | | | | |
| 17A | modisalismodi sai siessovoi socio | 10/01/02 - 06/30/03 | | | | | | | i |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/02 - 09/30/02 | | | | | | | L |
| 18A | | 10/01/02 - 06/30/03 | | | | | | | |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/02 - 09/30/02 | | | | | | | |
| 19A | | 10/01/02 - 06/30/03 | | | | | | | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/02 - 09/30/02 | | | | | <u> </u> | | |
| 20A | | 10/01/02 - 06/30/03 | | | | | | | |
| 21 | Enhanced SD/MC Costs | 07/01/02 - 09/30/02 | | | | | | | |
| 21A | Enhanced 3D/WC Costs | 10/01/02 - 06/30/03 | | | | | | | |
| 22 | Enhanced SD/MC SMA Upper Limits | 07/01/02 - 09/30/02 | | | | | | | |
| 22A | Elitarios obriro oniri oppor Elitino | 10/01/02 - 06/30/03 | | | | | | | |
| 23 | Enhanced SD/MC Published Charges | 07/01/02 - 09/30/02 | | | | | | | |
| 23A | | 10/01/02 - 06/30/03 | | | | | | | |
| 24 | Enhanced SD/MC Negotiated Rates | 07/01/02 - 09/30/02 | | | | | | - | |
| 24A | | 10/01/02 - 06/30/03 | | | | | | | |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/02 - 06/30/03 | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/02 - 06/30/03 | | | | | | | |
| | Enhanced SD/MC (Refugees) Published Charges | 07/01/02 - 06/30/03 | | | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/02 - 06/30/03 | | | | | | | |
| 29 | | 07/01/02 - 09/30/02 | | | | | | | |
| 29A | Healthy Families Costs | 10/01/02 - 06/30/03 | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 30 | 11. (I) T T OMA II | 07/01/02 - 09/30/02 | | | | | | | |
| 30A | Healthy Families SMA Upper Limits | 10/01/02 - 06/30/03 | | | | | | | |
| 31 | 11. 01. 5. 12. 5. 12. 1. 2. | 07/01/02 - 09/30/02 | | | | | | | |
| 31A | Healthy Families Published Charges | 10/01/02 - 06/30/03 | | | | | | | |
| 32 | Harling Frankling Manakat 1 Date | 07/01/02 - 09/30/02 | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 32A | Healthy Families Negotiated Rates | 10/01/02 - 06/30/03 | | | | | | | |
| | Non Madi Cal Costs | | | | | | | | |
| 33 | Non-Medi-Cal Costs | | | | | | | | |

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04) $\,$

DETAIL COST REPORT

County: SANTA BARBARA County Code: 42

| | County Code: 42 | | | | | | | | |
|------|---|---------------------------------------|------------|----------|-------------|--------------|--------------|--------------|--------------|
| | Legal Entity: SANTA BARBARA COUNTY | | Α | В | С | D | E | F | G |
| Le | gal Entity Number: 00042 | | | Service | Service | Service | Service | Service | Service |
| L | Mode: 10 - Day Services | | Mode Total | Function | Function | Function | Function | Function | Function |
| _ | Allocation Parcentons | | | | | | | | ļ |
| 2 | Allocation Percentage Total Units | | | | | | <u> </u> | | |
| 3 | Gross Cost | | | | | | | } | |
| = | | | | | | | | | |
| 4 | Cost per Unit | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | | | |
| 5 | SMA per Unit | | | | | | | | <u> </u> |
| 6 | Published Charge per Unit | | | | | | | ļ | ļ |
| 7 | Negotiated Rate / Cost per Unit | · | | | | · | | | ļ |
| 8 | Medi-Cal Units | 07/01/02 - 09/30/02 | | | | | | | |
| 8A | wedi-Cai Onits | 10/01/02 - 06/30/03 | | | | | | | |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/02 - 09/30/02 | | | | | | | |
| 9A | - Medicare/Medi-Car Crossover Offits | 10/01/02 - 06/30/03 | | | | | | | |
| 10 | Enhanced CD/MC (Children) Heite | 07/01/02 - 09/30/02 | | | | | | | |
| 10A | Enhanced SD/MC (Children) Units | 10/01/02 - 06/30/03 | | | | | | | |
| 10B | Enhanced SD/MC (Refugees) Units | 07/01/02 - 06/30/03 | | | | | | | |
| 11 | Hoolthy Eamilies (SED) I laite | 07/01/02 - 09/30/02 | | | | | | | |
| 11A | Healthy Families (SED) Units | 10/01/02 - 06/30/03 | | | | | | | 1 |
| 12 | Non-Medi-Cal Units | | | | | | | - | |
| 13 | | 07/01/02 - 09/30/02 | | | | | | | |
| 13A | Medi-Cal Costs | 10/01/02 - 06/30/03 | - | | | | - | | |
| 14 | | 07/01/02 - 09/30/02 | | | | | | | |
| 14A | Medi-Cal SMA Upper Limits | 10/01/02 - 06/30/03 | | | | | | | |
| 15 | | 07/01/02 - 09/30/02 | | | | | | | |
| 15A | Medi-Cal Published Charges | 10/01/02 - 06/30/03 | | | | | | | |
| 16 | | 07/01/02 - 09/30/02 | | | - | | | | |
| 16A | Medi-Cal Negotiated Rates | 10/01/02 - 06/30/03 | | | | | | | |
| | | | | | | | | | |
| 17 | Medicare/Medi-Cal Crossover Costs | 07/01/02 - 09/30/02 | | | | - | | | |
| 17A | Micdiodicimedi Gdi Giodovoi Godo | 10/01/02 - 06/30/03 | | | | | | | |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/02 - 09/30/02 | | | | | | | İ |
| 18A | inducation of our crossors of the opposition of | 10/01/02 - 06/30/03 | | | | | | | L |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/02 - 09/30/02 | | | | | | | L |
| 19A | | 10/01/02 - 06/30/03 | | | | | | | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/02 - 09/30/02 | | | | | | | |
| 20A | | 10/01/02 - 06/30/03 | | | | | | | |
| 21 | | 07/01/02 - 09/30/02 | | | | | | | - |
| 21A | Enhanced SD/MC Costs | 10/01/02 - 06/30/03 | | | | | | | |
| 22 | | 07/01/02 - 09/30/02 | - | | | | | | |
| 22A | Enhanced SD/MC SMA Upper Limits | 10/01/02 - 06/30/03 | | | | | | | |
| 23 | | 07/01/02 - 09/30/02 | - | | | - | | | |
| 23A | Enhanced SD/MC Published Charges | 10/01/02 - 06/30/03 | | | | | | | |
| 24 | | 07/01/02 - 09/30/02 | | | | | | | |
| 24A | Enhanced SD/MC Negotiated Rates | 10/01/02 - 06/30/03 | | | | | | \/ | |
| | E. 1000110 (B.) | | | | | | | | |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/02 - 06/30/03 | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/02 - 06/30/03 | | | | | | | |
| 27 | Enhanced SD/MC (Refugees) Published Charges | 07/01/02 - 06/30/03 | | | | | | | <u> </u> |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/02 - 06/30/03 | | | | | | | |
| 29 | Healthy Families Costs | 07/01/02 - 09/30/02 | | | | | | | |
| 29A | meaning namilles Costs | 10/01/02 - 06/30/03 | | | | | | | |
| 30 | Haalthy Eamilian SMA Linear Limite | 07/01/02 - 09/30/02 | | | | | | | |
| 30A | Healthy Families SMA Upper Limits | 10/01/02 - 06/30/03 | | t | | | | | |
| 31 | Healthy Familian Bublished Charges | 07/01/02 - 09/30/02 | | | | | | | |
| 31A. | Healthy Families Published Charges | 10/01/02 - 06/30/03 | | | | | İ | | |
| 32 | Healthy Comilies Magatist - J D-1 | 07/01/02 - 09/30/02 | | 1 | | | | | |
| 32A | Healthy Families Negotiated Rates | 10/01/02 - 06/30/03 | | | | | | | |
| 22 | Nies Madi Cal Casta | | | | | | ==== | | |
| 33 | Non-Medi-Cal Costs | | | | 1 | | | | i |

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 3

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

| County: SANTA BARBARA | | | | | | | | |
|--|--|-------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| County Code: 42 | | | CR | CR | CR | CR | CR | CR |
| Legal Entity: SANTA BARBARA CO | UNTY | Α | В | С | D | E | F | G |
| Legal Entity Number: 00042 Mode: 15 - Outpatient (Program | m 1) | Mode Total | Service Function | Service Function | Service Function | Service Function | Service Function | Service Function |
| Wiode. 13 - Outpatient (i Tograi | | Wiode rotal | 01 | 10 | 11 | 12 | 30 | 31 |
| 1 Allocation Percentage | | 100.00% | 19.70% | 6.06% | 1.09% | 0.33% | 5.85% | 15.90% |
| 2 Total Units | | | 2,417,600 | 577,129 | 103,778 | 31,663 | 557,228 | 1,514,452 |
| 3 Gross Cost | | 15,859,335 | 3,124,954 | 960,934 | 172,793 | 52,720 | 927,798 | 2,521,600 |
| 4 Cost per Unit | | | 1.29 | 1,67 | 1.67 | 1,67 | 1.67 | 1.67 |
| 5 SMA per Unit | | · | 1.77 | 2.28 | 2.28 | 2.28 | 2.28 | 2.28 |
| 6 Published Charge per Unit | | | 1.70 | 2.20 | 2.20 | 2.20 | 2.20 | 2.20 |
| 7 Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 44-3: 0-111-34- | 07/01/02 - 09/30/02 | | 518,690 | 100,523 | 11,722 | 12,189 | 81,151 | 288,763 |
| Medi-Cal Units | 10/01/02 - 06/30/03 | | 1,505,074 | 336,753 | 42,580 | 16,388 | 266,193 | 800,866 |
| 0 | 07/01/02 - 09/30/02 | | | | | | 530 | 444 |
| 9A Medicare/Medi-Cal Crossover Units | 10/01/02 - 06/30/03 | | | 853 | 760 | | 2,044 | 4,463 |
| 10 | 07/01/02 - 09/30/02 | | 3,345 | 425 | 264 | | 350 | 1,997 |
| 10A Enhanced SD/MC (Children) Units | 10/01/02 - 06/30/03 | | 4,107 | 1,194 | 324 | | 1,908 | 5,153 |
| 10B Enhanced SD/MC (Refugees) Units | 07/01/02 - 06/30/03 | | | | | | | |
| Healthy Families (SED) Units | 07/01/02 - 09/30/02 | | 10,497 | 3,245 | 1,042 | 601 | 5,183 | 10,930 |
| [11A] | 10/01/02 - 06/30/03 | | 36,730 | 13,344 | 4,437 | 403 | 14,883 | 45,237 |
| 12 Non-Medi-Cal Units | | | 339,157 | 120,792 | 42,649 | 2,082 | 184,986 | 356,599 |
| 13 Medi-Cal Costs | 07/01/02 - 09/30/02 | 2,861,077 | 670,451 | 167,373 | 19,517 | 20,295 | 135,118 | 480,798 |
| 13A Wedi-Cai Costs | 10/01/02 - 06/30/03 | 8,726,723 | 1,945,436 | 560,702 | 70,897 | 27,286 | 443,218 | 1,333,462 |
| 14 Medi-Cal SMA Upper Limits | 07/01/02 - 09/30/02 | 3,917,813 | 918,081 | 229,192 | 26,726 | 27,791 | 185,024 | 658,380 |
| 14A | 10/01/02 - 06/30/03 | 11,949,929 | 2,663,981 | 767,797 | 97,082 | 37,365 | 606,920 | 1,825,974 |
| 15 Medi-Cal Published Charges | 07/01/02 - 09/30/02 | 3,743,216 | 881,773 | 221,151 | 25,788 | 26,816 | 178,532 | 635,279 |
| 15A | 10/01/02 - 06/30/03 | 11,408,347 | 2,558,626 | 740,857 | 93,676 | 36,054 | 585,625 | 1,761,905 |
| 16 Medi-Cal Negotiated Rates | 07/01/02 - 09/30/02 | · | | | | | | |
| 16A | 10/01/02 - 06/30/03 | | | | | | | |
| 17 Medicare/Medi-Cal Crossover Costs | 07/01/02 - 09/30/02 | 70,158 | | | | | 882 | 739 |
| 17A | 10/01/02 - 06/30/03 | 187,049 | | 1,420 | 1,265 | | 3,403 | 7,431 |
| 18 Medicare/Medi-Cal Crossover SMA Upper | r Limits 07/01/02 - 09/30/02 | 96,070 | | | | | 1,208 | 1,012 |
| 18A | 10/01/02 - 06/30/03 | 256,136 | | 1,945 | 1,733 | | 4,660 | 10,176 |
| 19 Medicare/Medi-Cal Crossover Published C | Charges 07/01/02 - 09/30/02 | 89,827 | | | | | 1,166 | 977 |
| 19A | 10/01/02 - 06/30/03 | 240,166 | | 1,877 | 1,672 | | 4,497 | 9,819 |
| Medicare/Medi-Cal Crossover Negotiated | Rates 07/01/02 - 09/30/02 | | | | | | | |
| 20A Medical Grider Gar Cressover Regulated | 10/01/02 - 06/30/03 | | | | | | | |
| Enhanced SD/MC Costs | 07/01/02 - 09/30/02 | 10,336 | 4,324 | 708 | 440 | | 583 | 3,325 |
| Z1A | 10/01/02 - 06/30/03 | 25,936 | 5,309 | 1,988 | 539 | | 3,177 | 8,580 |
| Enhanced SD/MC SMA Upper Limits | 07/01/02 - 09/30/02 | 14,154 | 5,921 | 969 | 602 | | 798 | 4,553 |
| 22A | 10/01/02 - 06/30/03 | 35,516 | 7,269 | 2,722 | 739 | | 4,350 | 11,749 |
| Enhanced SD/MC Published Charges | 07/01/02 - 09/30/02 | 13,615 | 5,687 | 935 | 581 | | 770 | 4,393 |
| 23A | 10/01/02 - 06/30/03 07/01/02 - 09/30/02 | 34,176 | 6,982 | 2,627 | 713 | | 4,198 | 11,337 |
| 24 Enhanced SD/MC Negotiated Rates | 10/01/02 - 06/30/03 | | | | | | | |
| | | | | | | | | |
| 25 Enhanced SD/MC (Refugees) Costs | 07/01/02 - 06/30/03 | | | | | | | |
| 26 Enhanced SD/MC (Refugees) SMA Upper | | | | | | | | |
| 27 Enhanced SD/MC (Refugees) Published C | | | | | | | | |
| 28 Enhanced SD/MC (Refugees) Negotiated | | | | | | | | |
| 29 Healthy Families Costs | 07/01/02 - 09/30/02 | 63,589 | 13,568 | 5,403 | 1,735 | 1,001 | 8,630 | 18,199 |
| 29A/ | 10/01/02 - 06/30/03 | 278,474 | 47,477 | 22,218 | 7,388 | 671 | 24,781 | 75,321 |
| 30 Healthy Families SMA Upper Limits | 07/01/02 - 09/30/02 | 87,075 | 18,580 | 7,399 | 2,376 | 1,370 | 11,817 | 24,920 |
| 30A | 10/01/02 - 06/30/03 | 381,328 | 65,012 | 30,424 | 10,116 | 919 | 33,933 | 103,140 |
| Healthy Families Published Charges | 07/01/02 - 09/30/02 | 83,593 | 17,845 | 7,139 | 2,292 | 1,322 | 11,403 | 24,046 |
| 31A | 10/01/02 - 06/30/03 | 366,000 | 62,441 | 29,357 | 9,761 | 887 | 32,743 | 99,521 |
| 32 Healthy Families Negotiated Rates | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | | | | | | | |
| | (10/01/02 - Ub/30/03 - L | i | 4 | 1 | 1 | 1 | i | 1 |
| 33 Non-Medi-Cal Costs | | 3,635,993 | 438,389 | 201,122 | 71,012 | 3,467 | 308,006 | 593,746 |

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 3

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

| County Code: 42 | CR H Service Function 40 9.25% 880,995 1,466,878 1.67 2.28 2.20 122,236 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | CR 1 Service Function 41 7.45% 709,305 1,181,010 1.67 2.28 2.20 143,930 401,705 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 883,751 | CR J Service Function 50 0.72% 68.243 113,626 1.67 2.28 2.20 10,473 26,182 836 201 167 2.282 28,102 17,438 43,594 43,594 23,878 59,695 23,041 57,600 | CR K Service Function 51 3.82% 363,429 605,118 1.67 2.28 2.20 71,146 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 431,463 431,463 441 132 | CR L Service Function 58 0.07% 6,908 11,502 1.67 2.28 2.20 1,067 2,515 2,011 1,315 1,777 4,188 2,433 5,734 2,347 5,533 | CR M Service Function 60 10.31% 529,343 1,635,172 3.09 4.23 3.95 65,316 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 63,601 | CR N Service Function 61 0.929 47,346 146,255 3.09 4.23 3.95 11,140 32,680 35 3,491 34,412 100,950 47,122 138,236 44,003 129,086 |
|--|--|---|--|--|--|---|--|
| Allocation Percentage Total Units Gross Cost | Service Function 40 9.25% 880,995 1,466,878 1.67 2.28 2.20 122,236 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | Function 41 7.45% 709,305 1,181,010 1.67 2.28 2.20 143,930 401,705 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | Function 50 0.72% 68,243 113,626 1.67 2.28 2.20 10,473 26,182 836 201 167 2.282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | Service Function 51 3.82% 363,429 605,118 1.67 2.28 2.20 71,146 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | Function 58 0.07% 6,908 11,502 1.67 2.28 2.20 1.067 2,515 2.011 1.315 1,777 4,188 2,433 5,734 2,347 | Service Function 60 10.31% 529.343 1,635,172 3.09 4.23 3.95 65,316 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 63,601 | Service Function 61 0.929 47,346 146,255 3.09 4.23 3.95 11,140 32,680 35 3,491 34,412 100,950 47,13 138,236 44,003 |
| Aliocation Percentage | Function 40 9.25% 880.995 1,466,878 1.67 2.28 2.20 122,236 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | Function 41 7.45% 709,305 1,181,010 1.67 2.28 2.20 143,930 401,705 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | Function 50 0.72% 68,243 113,626 1.67 2.28 2.20 10,473 26,182 836 201 167 2.282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | Function 51 3.82% 363,429 605,118 1.67 2.28 2.20 71,146 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | Function 58 0.07% 6,908 11,502 1.67 2.28 2.20 1.067 2,515 2.011 1.315 1,777 4,188 2,433 5,734 2,347 | Function 60 10.31% 529,343 1,635,172 3.09 4.23 3.95 65,316 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | Function 61 0.929 47,346 146,255 3.05 4.23 3.95 11,140 32,680 35 3,491 34,412 100,950 47,122 138,236 44,003 |
| Allocation Percentage | 40 9.25% 880,995 1,466,878 1.67 2.28 2.20 122,236 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 41 7.45% 709,305 1,181,010 1.67 2.28 2.20 143,930 401,705 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 50 0.72% 68.243 113,626 1.67 2.28 2.20 10,473 26,182 836 201 167 2.282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 51 3.82% 363,429 605,118 1.67 2.28 2.20 71,146 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 58 0.07% 6,908 11,502 1.67 2.28 2.20 1.067 2,515 2,515 2,011 1.315 1,777 4,188 2,433 5,734 2,347 | 60 10.31% 529,343 1,635,172 3.09 4.23 3.95 65,316 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 61 0.929 47,346 146,255 4.23 3.95 11,140 32,680 35 3,491 34,412 100,950 47,152 48,236 44,003 |
| Total Units Gross Cost | 9.25% 880.995 1,466,878 1.67 2.28 2.20 122,236 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 7.45% 709,305 1,181,010 1.67 2.28 2.20 143,930 401,705 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,867 316,646 | 0.72% 68,243 113,626 1.67 2.28 2.20 10,473 26,182 836 201 167 2.282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 3.82% 363,429 605,118 1.67 2.28 2.20 71,146 189,238 265 79 1,110 1,215 8.192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 0.07% 6,908 11,502 1.67 2.28 2.20 1,067 2,515 2,011 1,315 1,777 4,188 2,433 5,734 2,347 | 10.31% 529,343 1,635,172 3.09 4.23 3.95 65,316 203,125 20,589 43,356 57 200 874 5.085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 0.929 47,346 146,255 3.09 4.23 3.95 11,140 32,680 35 3,491 34,412 100,950 47,195 47,195 47,195 47,195 47,195 47,195 |
| Total Units Gross Cost | 880,995 1,466,878 1.67 2.28 2.20 122,236 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 709,305 1,181,010 1.67 2.28 2.20 143,930 401,705 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 68.243 113,626 1,67 2,28 2,20 10,473 26,182 836 201 167 2,282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 363,429 605,118 1,67 2,28 71,146 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 6,908 11,502 1.67 2.28 2.20 1,067 2,515 2,011 1,315 1,777 4,188 2,433 5,734 2,347 | 529,343 1,635,172 3.09 4.23 3.95 65,316 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 47,346 146,255 3.09 4.23 3.95 11,140 32,680 35 3,491 34,412 100,950 47,122 138,236 44,003 |
| Cost per Unit SMA per Unit Published Charge per Unit Negotiated Rate / Cost per Unit Negotiated Rate / Cost per Unit Negotiated Rate / Cost per Unit O7/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/02 - 06 | 1.67 2.28 2.20 122,236 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 1.67 2.28 2.20 143,930 401,705 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 113,626 1.67 2.28 2.20 10,473 26,182 836 201 167 2.282 28,102 27,438 43,594 23,878 59,695 23,041 57,600 | 605,118 1.67 2.28 2.20 71,146 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 11,502 1.67 2.28 2.20 1,067 2,515 2,515 2,011 1,315 1,777 4,188 2,433 5,734 2,347 | 1,635,172 3.09 4.23 3.95 65,316 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 63,601 | 3,491 34,412 100,950 4,23 3,95 11,140 32,680 35 3,491 34,412 100,950 47,122 138,236 44,003 |
| SMA per Unit | 2.28 2.20 122,236 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 2.28 2.20 143,930 401,705 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 2.28 2.20 10,473 26,182 836 201 167 2.282 28,102 17,438 43,594 23,678 59,695 23,041 57,600 | 2.28 2.20 71,146 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 2.28 2.20 1,067 2,515 2,515 2,011 1,315 1,777 4,188 2,433 5,734 2,347 | 4.23 3.95 65,316 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 4.23 3.95 11,140 32,680 35 3,491 34,412 100,950 47,122 138,236 44,003 |
| SMA per Unit | 2.28 2.20 122,236 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 2.28 2.20 143,930 401,705 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 2.28 2.20 10,473 26,182 836 201 167 2.282 28,102 17,438 43,594 23,678 59,695 23,041 57,600 | 2.28 2.20 71,146 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 2.28 2.20 1,067 2,515 2,515 2,011 1,315 1,777 4,188 2,433 5,734 2,347 | 4.23 3.95 65,316 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 4.23 3.95 11,140 32,680 35 3,491 34,412 100,950 47,122 138,236 44,003 |
| Published Charge per Unit Negotiated Rate / Cost per Unit Negotiated Rate / Cost per Unit O7/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/02 - 0 | 2.20 122,236 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 2.20 143,930 401,705 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 2.20 10,473 26,182 836 201 167 2.282 28,102 17,438 43,594 23,678 59,695 23,041 57,600 | 2.20 71,146 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 2.20 1,067 2,515 2,515 2,011 1,315 1,777 4,188 2,433 5,734 2,347 | 3.95 65,316 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 63,601 | 3,95 11,140 32,680 35 3,491 34,412 100,950 47,122 138,236 44,003 |
| Negotiated Rate / Cost per Unit | 122,236 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 143,930 401,705 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 10,473 26,182 836 201 167 2,282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 71,146 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 2,011 1,315 1,777 4,188 2,433 5,734 2,347 | 65,316 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 3,491 34,412 100,950 47,122 44,003 |
| Medi-Cal Onlis | 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 26,182 836 201 167 2,282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 2,515 2,011 1,315 1,777 4,188 2,433 5,734 2,347 | 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 32,680 35 3,491 34,412 100,950 47,122 138,236 44,003 |
| Medi-Cal Onlis | 412,572 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 26,182 836 201 167 2,282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 189,238 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 2,515 2,011 1,315 1,777 4,188 2,433 5,734 2,347 | 203,125 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 32,680 35 3,491 34,412 100,950 47,122 138,236 44,003 |
| Medicare/Medi-Cal Crossover Units | 350 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 337 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 836 201 167 2.282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 265 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 2,011 1,315 1,777 4,188 2,433 5,734 2,347 | 20,589 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 3,491 34,412 100,950 47,122 138,236 44,003 |
| Medicare/Medi-Cal Crossover Onits 10/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/ | 4,318 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 201 167 2.282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 79 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 1,315 1,777 4,188 2,433 5,734 2,347 | 43,356 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 63,601 | 3,491 34,412 100,950 47,122 138,236 44,003 |
| Enhanced SD/MC (Children) Units | 593 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 201 167 2.282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 1,110 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 1,315 1,777 4,188 2,433 5,734 2,347 | 57 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 3,491 34,412 100,950 47,122 138,236 44,003 |
| DA | 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 1,045 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 167 2.282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 1,315 1,777 4,188 2,433 5,734 2,347 | 200 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 63,601 | 34,412 100,950 47,122 138,236 44,003 |
| Deal | 1,130 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 1,440 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 167 2.282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 1,215 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 1,315 1,777 4,188 2,433 5,734 2,347 | 874 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 34,412 100,950 47,122 138,236 44,003 |
| Healthy Families (SED) Units 07/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/ | 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 9,845 770 | 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 2,282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 1,315 1,777 4,188 2,433 5,734 2,347 | 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 34,412 100,950 47,122 138,236 44,003 |
| A Reality Families (SED) Units 10/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/0 | 15,633 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 9,845 770 | 8,265 152,583 239,647 668,849 328,160 915,887 316,646 | 2,282 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 8,192 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 1,315 1,777 4,188 2,433 5,734 2,347 | 5,085 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 34,412 100,950 47,122 138,236 44,003 |
| Non-Medi-Cal Units 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | 324,163 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 152,583 239,647 668,849 328,160 915,887 316,646 | 28,102 17,438 43,594 23,878 59,695 23,041 57,600 | 92,184 118,460 315,086 162,213 431,463 156,521 416,324 | 1,315 1,777 4,188 2,433 5,734 2,347 | 190,741 201,765 627,465 276,287 859,219 257,998 802,344 | 34,412 100,950 47,122 138,236 44,003 |
| Medi-Cal Costs 07/01/02 - 09/30/02 10/01/02 - 06/30/03 10/ | 203,526 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 239,647 668,849 328,160 915,887 316,646 | 17,438 43,594 23,878 59,695 23,041 57,600 | 118,460 315,086 162,213 431,463 156,521 416,324 | 1,777 4,188 2,433 5,734 2,347 | 201,765 627,465 276,287 859,219 257,998 802,344 | 34,412 100,950 47,122 138,236 44,003 |
| Medi-Cal SMA Upper Limits | 686,943 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 668,849 328,160 915,887 316,646 | 43,594 23,878 59,695 23,041 57,600 | 315,086 162,213 431,463 156,521 416,324 | 4,188 2,433 5,734 2,347 | 627,465 276,287 859,219 257,998 802,344 | 100,950 47,122 138,236 44,003 |
| Medi-Cal SMA Upper Limits | 278,698 940,664 268,919 907,658 583 7,190 798 9,845 770 | 328,160 915,887 316,646 | 23,878 59,695 23,041 57,600 | 162,213 431,463 156,521 416,324 | 2,433 5,734 2,347 | 276,287 859,219 257,998 802,344 63,601 | 47,122 138,236 44,003 |
| Medi-Cal SMA Upper Limits | 940.664 268,919 907,658 583 7,190 798 9,845 770 | 915,887 316,646 | 59,695 23,041 57,600 | 431,463 156,521 416,324 441 | 5,734 2,347 | 859,219 257,998 802,344 63,601 | 138,236 44,003 |
| Medi-Cal Published Charges | 268,919 907,658 583 7,190 798 9,845 770 | 316,646 | 23,041 57,600 | 156,521 416,324 441 | 2,347 | 257,998 802,344 63,601 | 44,003 |
| Medicare/Medi-Cal Crossover SMA Upper Limits 07/01/02 - 09/30/03 10/01/02 - 08/30/ | 907,658 583 7,190 798 9,845 770 | | 57,600 | 416,324 | | 63,601 | |
| Medi-Cal Negotiated Rates | 583 7,190 798 9,845 770 | 883,751 | | 441 | 5,533 | 63,601 | 129,086 |
| Medicare/Medi-Cal Crossover Costs 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/03 10/01/ | 7,190 798 9,845 770 | | 1,392 | | | | |
| Medicare/Medi-Cal Crossover Costs | 7,190 798 9,845 770 | | 1,392 | | | | |
| A Medicare/Medi-Cal Crossover Costs 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/03 07/01/02 - 09/30/03 10/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/03 10 | 7,190 798 9,845 770 | | 1,392 | | | | |
| 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 09/30/02 07/01/02 - 06/30/03 | 798 9,845 770 | | 1,392 | 122 | | | |
| Medicare/Medi-Cal Crossover SMA Upper Limits 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/ | 9,845 770 | | | 132 | | 133,929 | 108 |
| Medicare/Medi-Cal Crossover Published Charges 10/01/02 - 09/30/03 07/01/02 - 09/30/02 10/01/02 - 09/30/03 10/01/02 - 09/30 | 770 | | | 604 | | 87,091 | |
| A Medicare/Medi-Cal Crossover Published Charges 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 10/01/02 - 09/30/03 Enhanced SD/MC SMA Upper Limits 10/01/02 - 09/30/03 10/01/02 - 09/30/03 | | | 1,906 | 180 | | 183,396 | 148 |
| 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 06/30/03 10/01/02 - 09/30/02 10/01/02 - 09/30/03 10/01/02 - 00/01/02 10/01/02 - 00/01/02 10/01/02 - 00/01/02 10/01/02 - 00/01/02 10/01/02 - 00/01/02 10/01/02 - 00/01/02 10/01/02 - 00/01/02 10/01/02 - 00/01/02 | | | | 583 | | 81,327 | |
| A Medicare/Medi-Cal Crossover Negotiated Rates 10/01/02 - 06/30/03 Enhanced SD/MC Costs 10/01/02 - 09/30/02 Enhanced SD/MC SMA Upper Limits 07/01/02 - 09/30/03 Enhanced SD/MC Rublished Charges 07/01/02 - 09/30/02 | 9,500 | | 1,839 | 174 | | 171,256 | 138 |
| A 10/01/02 - 06/30/03 Enhanced SD/MC Costs 07/01/02 - 09/30/02 Enhanced SD/MC SMA Upper Limits 07/01/02 - 09/30/02 Enhanced SD/MC Rublished Charges 07/01/02 - 09/30/02 | | | | | | | |
| A Enhanced SD/MC Costs 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/03 07/01/02 - 09/30/02 07/01/02 - 09/30/02 | | | | | | | |
| A Enhanced SD/MC Costs 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/03 07/01/02 - 09/30/02 07/01/02 - 09/30/02 | | 561 | | | | 176 | |
| A Enhanced SD/MC SMA Upper Limits 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 09/30/02 | 987 | 1,740 | 335 | 1,848 | | 618 | |
| A Enhanced SD/MC SMA Upper Limits 10/01/02 - 06/30/03 10/01/02 - 06/30/03 07/01/02 - 09/30/02 | | 768 | | 1,5.5 | | 241 | |
| Enhanced SD/MC Published Charges 07/01/02 - 09/30/02 | 1,352 | 2,383 | 458 | 2,531 | | 846 | |
| | | 741 | | | | 225 | |
| | 1,305 | 2,299 | 442 | 2,442 | | 790 | |
| 07/04/02 00/20/02 | | -1 | | | | | |
| A Enhanced SD/MC Negotiated Rates 10/01/02 - 06/30/03 | | | | | | | |
| Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03 | | | | | | | |
| Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 | | | | | | | |
| Enhanced SD/MC (Refugees) SMA Opper Limits 07/01/02 - 06/30/03 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 | | | | | | | |
| Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 | | | | | | | |
| | | | | | | | |
| Healthy Families Costs 07/01/02 - 09/30/02 | 1,881 | 2,398 | 278 | 2,023 | | 2,700 | |
| A 1 10/01/02 - 06/30/03 | 26,029 | 13,761 | 3,800 | 13,640 | 3,348 | 15,708 | |
| Healthy Families SMA Upper Limits 07/01/02 - 09/30/02 | 2,576 | 3,283 | 381 | 2,770 | | 3,697 | |
| A 10/01/02 - 06/30/03 | 35,643 | 18,844 | 5,203 | 18,678 | 4,585 | 21,510 | |
| Healthy Families Published Charges 07/01/02 - 09/30/02 | 2,486 | 3,168 | 367 | 2,673 | | 3,452 | |
| A 10/01/02 - 06/30/03 | 34,393 | 18,183 | 5,020 | 18,022 | 4,424 | 20,086 | |
| Healthy Families Negotiated Rates 07/01/02 - 09/30/02 | | | 1 | | | i | |
| A 10/01/02 - 06/30/03 | | | | | | | |
| Non-Medi-Cal Costs | | | | | | | - |

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: SANTA BARBARA County Code: 42 CR CR

| Local Estitut CANTA DADDADA COUNTY | | 7 0 1 | P | Q | T. R | S | Т | U |
|---|--|--|----------|---------------------------------------|---|--|----------|---------------------------------------|
| Legal Entity: SANTA BARBARA COUNTY Legal Entity Number: 00042 | | Service | Service | Service | Service | Service | Service | Service |
| Mode: 15 - Outpatient (Program 1) | | Function | Function | Function | Function | Function | Function | Function |
| mode. To outputsit (1 Togram 1) | | 62 | 70 | 1 Bilototi | Tunction | Tunction | Tanedon | 1 dilettori |
| 1 Allocation Percentage | | 15.72% | 2.81% | | | | | |
| 2 Total Units | | 807,322 | 178,742 | | † · · · · · · · · · · · · · · · · · · · | | | |
| 3 Gross Cost | | 2,493,865 | 445,109 | | T | - | | |
| 4 Cost per Unit | | 3.09 | 2,49 | | | | | |
| 5 SMA per Unit | | 4.23 | 3,41 | | | | | |
| 6 Published Charge per Unit | | 3.95 | 3.20 | | | | | |
| 7 Negotiated Rate / Cost per Unit | | 0.00 | 0.20 | | | | | |
| | | <u> </u> | | | | | | |
| 8 Medi-Cal Units | 07/01/02 - 09/30/02 | 153,935 | 30,112 | | <u> </u> | | | |
| 8A Medical Call Call | 10/01/02 - 06/30/03 | 537,925 | 95,158 | | ļ | | | |
| 9 Medicare/Medi-Cal Crossover Units | 07/01/02 - 09/30/02 | 1,117 | 185 | | ļ | | | <u> </u> |
| 9A | 10/01/02 - 06/30/03 | 8,013 | 2,420 | - | | | ļ | |
| Enhanced SD/MC (Children) Units | 07/01/02 - 09/30/02 | 35 | 45 | | ļ | ļl | | |
| 10A | 10/01/02 - 06/30/03 | 264 | | · · · · · · · · · · · · · · · · · · · | | | ļ | |
| 10B Enhanced SD/MC (Refugees) Units | 07/01/02 - 06/30/03 | | | | ļ | i | | |
| Healthy Families (SED) Units | 07/01/02 - 09/30/02 | 1,029 | 1,042 | | ļ | | ļ | |
| TTA | 10/01/02 - 06/30/03 | 5,428 | 3,038 | | ļ · | | j | |
| 12 Non-Medi-Cal Units | | 99,576 | 46,742 | | ļ | | | j |
| 13 Martin Carl Conta | 07/01/02 - 09/30/02 | 475,514 | 74,986 | | | | | |
| Medi-Cal Costs | 10/01/02 - 06/30/03 | 1,661,682 | 236,966 | | | | | |
| 14 Mardi Cal SMA Unpost imite | 07/01/02 - 09/30/02 | 651,145 | 102,682 | - | | | | |
| 14A Medi-Cal SMA Upper Limits | 10/01/02 - 06/30/03 | 2,275,423 | 324,489 | | | | | |
| 15 Medi-Cal Published Charges | 07/01/02 - 09/30/02 | 608,043 | 96,358 | | | | | |
| 15A Nieur-Cai Fublished Charges | 10/01/02 - 06/30/03 | 2,124,804 | 304,506 | | | | | |
| 16 Medi-Cal Negotiated Rates | 07/01/02 - 09/30/02 | | | | | | | |
| 16A Medi-Car Negotiated Nates | 10/01/02 - 06/30/03 | | | | | | | |
| 17 Madiana Madi Cal Canana Casta | 07/01/02 - 09/30/02 | 3,450 | 461 | | | | | |
| Medicare/Medi-Cal Crossover Costs | 10/01/02 - 06/30/03 | 24,753 | 6,026 | | | | | |
| 10 | 07/01/02 - 09/30/02 | 4,725 | 631 | | | | | |
| Medicare/Medi-Cal Crossover SMA Upper Limits | 10/01/02 - 06/30/03 | 33,895 | 8,252 | | | | | |
| 10 | 07/01/02 00/20/02 | 4,412 | 592 | | | | | |
| 19A Medicare/Medi-Cal Crossover Published Charges | 10/01/02 - 06/30/03 | 31,651 | 7,744 | | | | | |
| 20 | 07/01/02 - 09/30/02 | 31,001 | 1,777 | | | | | |
| 200 Medicare/Medi-Cal Crossover Negotiated Rates | 10/01/02 - 06/30/03 | | | | | | | |
| | | | | | | | | |
| Enhanced SD/MC Costs | 07/01/02 - 09/30/02 | 108 | 112 | | | | | |
| 21A Elimanou de Milo dosto | 10/01/02 - 06/30/03 | 816 | | | | | | |
| Enhanced SD/MC SMA Upper Limits | 07/01/02 - 09/30/02 | 148 | 153 | | ļ | | | |
| 22A | 10/01/02 - 06/30/03 | 1,117 | | | ļ | | | |
| Enhanced SD/MC Published Charges | 07/01/02 - 09/30/02 | 138 | 144 | | | | | |
| [23A] | 10/01/02 - 06/30/03 | 1,043 | | | , | | | |
| Enhanced SD/MC Negotiated Rates | 07/01/02 - 09/30/02 | | | | ļ | | | |
| 24A Chilanced Storing Negotiated Nates | 10/01/02 - 06/30/03 | 1 | | | | | | |
| 25 Enhanced SD/MC (Refugees) Costs | 07/01/02 - 06/30/03 | | | | | | | |
| 26 Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/02 - 06/30/03 | | | | | | | |
| 27 Enhanced SD/MC (Refugees) Published Charges | | | | | | | | |
| 28 Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/02 - 06/30/03 | | | | | | | |
| 29 | 07/01/02 - 09/30/02 | 3,179 | 2,595 | | | | | · · · · · · · · · · · · · · · · · · · |
| 29 Healthy Families Costs | 10/01/02 - 06/30/03 | 16,767 | 7,565 | | | | | |
| 30 | 07/01/02 - 09/30/03 | 4,353 | 3,553 | | | | | |
| 30A Healthy Families SMA Upper Limits | 10/01/02 - 06/30/03 | 22,960 | | | | | | |
| 34 | | | 10,360 | | | | | |
| 31A Healthy Families Published Charges | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | 4,065 | 3,334 | | | | | |
| 32 | | 21,441 | 9,722 | | | | | |
| (944) | 07/01/02 - 09/30/02 | | | | | | | |
| | 10/01/02 00/20/02 | | | 1 | 1 | | 1 | |
| 32A Healthy Families Negotiated Rates 33 Non-Medi-Cal Costs | 10/01/02 - 06/30/03 | 307,596 | 116,399 | | | | | |

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SANTA BARBARA

| | Α | В | С | D | E | F | G |
|--|--|---------------------|---------------------|---------------------|---------------------|----------|---------------------------------------|
| | 1 | | | | | | |
| al Entity Number: 00042 Mode: 15 - Outpatient (Program 2) | | Service | Service | Service | Service | Service | Service |
| | Mode Total | Function | Function | Function | Function | Function | Function |
| | 100.00% | 10 86.87% | 60 11.54% | 40 1.59% | | | |
| | 100.00% | 711,599 | 60,575 | 13,860 | | | (|
| | 720,842 | | 83,173 | | | | · · · · · · · · · · · · · · · · · · · |
| | 720,042 | | | | | | |
| | | | | | | | |
| | 1 | 2.28 | 4.23 | 2.28 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 435,060 | 42,820 | 11,220 | | | |
| | | | | | | | |
| | | | | | | | |
| | | 1,710 | | | | | |
| | | 3,195 | | 120 | | | |
| | | | | | | | |
| | ļ | | | | | | |
| 10/01/02 - 06/30/03 | | | | | | | |
| | | 128,060 | 4,275 | | | | |
| 07/01/02 - 09/30/02 | 143,532 | 122,939 | 18,509 | 2.084 | | | |
| 10/01/02 - 06/30/03 | 450,926 | 382,853 | 58,794 | 9,279 | | | |
| | | | | | | | |
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| 07/04/02 00/20/02 | ļ | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 07/01/02 - 09/30/02 | 1,505 | 1,505 | | | | | |
| 10/01/02 - 06/30/03 | 2,911 | 2,812 | | 99 | | | |
| 07/01/02 - 09/30/02 | 3,899 | 3,899 | | | | | |
| 10/01/02 - 06/30/03 | 7,558 | 7,285 | | 274 | | | |
| | | | | | | | |
| 10/01/02 - 06/30/03 | | | | | | | |
| 07/01/02 - 09/30/02 | | | | | | | |
| 10/01/02 - 06/30/03 | | | | | | | |
| 07/01/02 - 06/30/03 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 07/01/02 - 06/30/03 | | | | | | | |
| . ' | 4.470 | 4.470 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 4,993 | 4,993 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 10/01/02 - 06/30/03 | | | | | | | |
| | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/03 07/01/02 - 09/30/03 07/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/02 10/01/02 - 09/30/03 07/01/02 - 09/30/03 07/01/02 - 09/30/03 07/01/02 - 09/30/03 07/01/02 - 09/30/03 07/01/02 - 09/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 07/01/02 - 06/30/03 | 07/01/02 - 09/30/02 | 07/01/02 - 09/30/02 | 07/01/02 - 09/30/02 | 07/01/02 - 09/30/02 | 0.88 | 0.88 |

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SANTA BARBARA

County Code: 42

CR

CR

| | Legal Entity: SANTA BARBARA COUNTY | A | В | С | D | E | F | G | | |
|----|------------------------------------|------------|----------|-----------|----------|----------|----------|----------|---------|---------|
| Le | egal Entity Number: 00042 | | Service | Service | Service | Service | Service | Service | Service | Service |
| | Mode: 45 - Outreach | Mode Total | Function | Function | Function | Function | Function | Function | | |
| | | | 10 | 20 | | | | | | |
| 1 | Allocation Percentage | 100.00% | 6.93% | 93.07% | | | | | | |
| 2 | Total Units | | 1 | 1 | | | | | | |
| 3 | Gross Cost | 66,588 | 4,615 | 61,973 | | | | | | |
| 1 | Cost per Unit | | 4,615.00 | 61,973.00 | | | | | | |
| 5 | Non-Medi-Cal Units | | 1 | 1 | | | | | | |
| 3 | Non-Medi-Cal Costs | 66,588 | 4,615 | 61,973 | | | | | | |

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

County: SANTA BARBARA

| | Legal Entity: SANTA BARBARA COUNTY | A | В | С | D | E | F | G |
|---|---|------------|----------|----------|----------|----------|----------|----------|
| L | egal Entity Number: 00042 | | Service | Service | Service | Service | Service | Service |
| | Mode: 55 - Medi-Cal Administrative Activities | Mode Total | Function | Function | Function | Function | Function | Function |
| 1 | Allocation Percentage | | | | | | | |
| 2 | Total Units | | | | | | | |
| 3 | Total Expenditures | | | | | | | |
| 4 | Cost per Unit | | | | | | | |
| 5 | Non-Medi-Cal Costs | | | | | | | |

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SANTA BARBARA

County Code: 42

CR

| Legal Entity: SANTA BARBARA COUNTY | A | В | С | D | E | F | G |
|---------------------------------------|------------|------------|----------|----------|----------|----------|----------|
| Legal Entity Number: 00042 | | Service | Service | Service | Service | Service | Service |
| Mode: 60 - Support | Mode Total | Function | Function | Function | Function | Function | Function |
| | | 30 | | | | | |
| 1 Allocation Percentage | 100.00% | 100.00% | | | | | |
| 2 Total Units | | 1 | | | | | |
| 3 Gross Cost | 125,000 | 125,000 | | | | | |
| 4 Cost per Unit | | 125,000.00 | | | | | |
| 5 Non-Medi-Cal Units (Same as Line 2) | | 1 | | | | | |
| 6 Non-Medi-Cal Costs (Same as Line 3) | 125,000 | 125,000 | | | | | |

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

| MH | 1 1968 (10/04) | | | | | | | | | | | Fiscal | Year 2002-2003 |
|-----------------|--|--|--|-------------------------|---------------|--------------|----------------------|---------------------------------------|---------|-------------------------|---------------------------------|------------------------|-------------------------|
| | County: SANTA BARBARA County Code: 42 | | | | DEMOUDO | MENT TYPE | C | Ι | 04- | | | | Ì |
| _ | Legal Entity: SANTA BARBARA COUNT | · | A | В | C | MENT TYPE | Costs E | F 1 | Costs | Н | | Costs | K |
| Le | gal Entity Number: 00042 | | | | | | Total | · · · · · · · · · · · · · · · · · · · | | I | Total | | Total |
| | | | | Mode 55 | | Total | Inpatient | | | | Outpatient | | Outpatient |
| | | | S. F.'s 01-09 | S. F.'s 11-19, 31-39 | S. F.'s 21-29 | MAA | Mode 05- Hospital | Mode 05-Ali Other | Mode 10 | Mode 15 Program (1) | Exclude Program (2) | Mode 15 Program (2) | (Col. I + Col. J) |
| 1 | Medi-Cal Costs | 07/01/02 - 09/30/02 | 0.7.3 01-03 | 01.00 | U.1.0 21 20 | | 185,873 | | | 2,861,077 | 2,861,077 | 143,532 | 3,004,609 |
| 1A | Wiedi-Cai Costs | 10/01/02 - 06/30/03 | | | | | 976,793 | | | 8,726,723 | 8,726,723 | 450,926 | 9,177,649 |
| 2 2A | Medi-Cal SMA | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | | | | | 250,534 1,241,764 | | | 3,917,813 11,949,929 | 3,917,813 11,949,929 | 381,291 1,198,647 | 4,299,104 13,148,576 |
| 3 | Medi-Cal P. C. | 07/01/02 - 09/30/02 | | | | | 255,624 | | | 3,743,216 | 3,743,216 | 1,190,041 | 3,743,216 |
| 3A | Medi-Car P. C. | 10/01/02 - 06/30/03 | | | | | 1,262,625 | | | 11,408,347 | 11,408,347 | | 11,408,347 |
| 4 4A | Medi-Cal N. R. | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | | | | | | | | | | | |
| | | | | | | | 400.000 | - | | | | | |
| 5 5A | Medi-Cal Gross Reimbursement | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | | | | | 185,873 976,793 | | | 2,861,077 8,726,723 | 2,861,077 8,726, 7 23 | 143,532 450,926 | 3,004,609 9,177,649 |
| | | 07/01/02 - 09/30/02 | | | | | 79,575 | | | | | +00,020 | |
| 6 6A | Medicare/Medi-Cal Crossover Cost | 10/01/02 - 06/30/03 | | | | | 138,950 | - | | 70,158 187,049 | 70,158 187,049 | | 70,158 187,049 |
| 7 | Medicare/Medi-Cal Crossover SMA | 07/01/02 - 09/30/02 | | | | | 108,966 | | | 96,070 | 96,070 | | 96,070 |
| 7A | This discussion out of cooperation of the | 10/01/02 - 06/30/03 | - | | | | 190,271 | | | 256,136 | 256,136 | | 256,136 |
| 8 8A | Medicare/Medi-Cal Crossover P. C. | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | | | | | 111,280 194,312 | | | 89,827 240,166 | 89,827 240,166 | | 89,827 240,166 |
| 9 | Medicare/Medi-Cal Crossover N. R. | 07/01/02 - 09/30/02 | | | | | | | | | - 10,1100 | | 2,10,100 |
| 9A | medical officer car of occopy (1.1) | 10/01/02 - 06/30/03 | ļ <u>.</u> | | | | | | | | | | |
| 10 | Medicare/Medi-Cal Crossover Gross Reim. | 07/01/02 - 09/30/02 | | | | | 79,575 | | | 70,158 | 70,158 | | 70,158 |
| 10A | \ | 10/01/02 - 06/30/03 | | | | | 138,950 | | | 187,049 | 187,049 | | 187,049 |
| 11 | - Total SD/MC + Crossover Gross Reim. | 07/01/02 - 09/30/02 | | | | | 265,448 | | | 2,931,235 | 2,931,235 | 143,532 | 3,074,767 |
| 11A | ¥ | 10/01/02 - 06/30/03 | | | | | 1,115,743 | | | 8,913,772 | 8,913,772 | 450,926 | 9,364,698 |
| 12 12A | Enhanced SD/MC (Children) Cost | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | | | | | | | | 10,336 | 10,336 | 1,505 2,911 | 11,841 |
| 13 | † · · · · · · · · · · · · · · · · · · · | 07/01/02 - 09/30/02 | | | | | | | | 25,936 14,154 | 25,936 14,154 | 2,911 3,899 | 28,847 18,053 |
| 13A | | 10/01/02 - 06/30/03 | | | | | | | | 35,516 13,615 | 35,516 | 7,558 | 43,074 |
| 14 | | 07/01/02 - 09/30/02 | | | | | | | - | 13,615 | 13,615 | | 13,615 |
| 14A | | 10/01/02 - 06/30/03 07/01/02 - 09/30/02 | | | | | | | | 34,176 | 34,176 | | 34,176 |
| 15A | Enhanced SD/MC (Children) N. R. | 10/01/02 - 06/30/03 | | | | | | | | | | | |
| 16 | Enhanced SD/MC (Children) Gross Reim. | 07/01/02 - 09/30/02 | | | | | | | | 10,336 | 10,336 | 1,505 | 11,841 |
| 16A | Enhanced SDANC (Children) Gross Reith. | 10/01/02 - 06/30/03 | | | | | | | | 25,936 | 25,936 | 2,911 | 28,847 |
| 17 | Enhanced SD/MC (Refugees) Cost | 07/01/02 - 06/30/03 | | | | | | | | | | | |
| 18 | Enhanced SD/MC (Refugees) SMA Enhanced SD/MC (Refugees) P. C. | 07/01/02 - 06/30/03 07/01/02 - 06/30/03 | | | | | | | | · | | | |
| 19 20 | Enhanced SD/MC (Refugees) P. C. | 07/01/02 - 06/30/03 | | | | | | | | | | | |
| 21 | Total Medi-Cal Gross Reimbursement | 07/01/02 - 09/30/02 | + | | | | 265,448 | | | 2,941,571 | 2,941,571 | 445.007 | 2,000,000 |
| 21A | (Excludes Refugees) | 10/01/02 - 06/30/03 | + | | | | 1,115,743 | | | 8,939,709 | 8,939,709 | 145,037 453,837 | 3,086,608 9,393,545 |
| 21A 22 | Enhanced SD/MC (Refugees) Gross Reim. | 07/01/02 - 06/30/03 | | | | | 1425.7 417 | | | | 9,000,100 | 100,001 | 0,000,010 |
| | | 07/01/02 - 09/30/02 | - | | | | | | | 63,589 | 63,589 | 1,478 | 65,067 |
| 23 23A 24 | Healthy Families Cost | 10/01/02 - 06/30/03 | | | | | | | | 278,474 | 278,474 | 1,927 | 280,401 |
| 24 24A | Healthy Families SMA | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | | | | | | | | 87,075 | 87,075 381,328 | 3,830 | 90,906 |
| 25 | | 07/01/02 - 09/30/02 | | | | | | | | 381,328 83,593 | 83,593 | 4,993 | 386,321 83,593 |
| 25A | Healthy Families P. C. | 10/01/02 - 06/30/03 | | | | | | | | 366,000 | 366,000 | | 366,000 |
| 26 26A | Healthy Families N. R. | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
| 27 27A | Healthy Families Gross Reim. | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | | | | | | | | 63,589 278,474 | 63,589 278,474 | 1,478 1,927 | 65,067 280,401 |
| 21/ | Less: Patient and Other Payor Revenues | 110/01/02 00/00/00 | 1 | | | | | | | 2/0,4/4 | 210,414 | 1,521 | 200,401 |
| 28 28A | SD/MC + Crossover Revenues | 07/01/02 - 09/30/02 | | | | | 55,452 | | | 19,454 | 19,454 | 735 | 20,189 |
| 28A | Enhanced SD/MC (Children) Revenues | 10/01/02 - 06/30/03 | | | | | 151,041 | | | 27,774 | 27,774 | 1,014 | 28,788 |
| 29 30 | Enhanced SD/MC (Refugees) Revenues | | | | | | | | | | | | |
| 31 | Healthy Families Revenues | | | | | | | | | 1 | | | |
| 32 | Total Expenditures from MAA (Mode 55) | | 1 | | | | | | | | | | |
| 33 | Medi-Cal Eligibility Factor (Average) | | | | | | | | | | | | |
| 34 | Revenue - MAA | | | | | | | | | | | | |
| 35 35A | Net Due - SD/MC for Direct Services | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | 1 | | | | 209,996 | | | 2,922,117 | 2,922,117 | 144,302 | 3,066,419 |
| 35A 36 | Net Due - Enhanced SD/MC (Refugees) | 110/01/02 - 06/30/03 | 1 | | | | 964,702 | | | 8,911,935 | 8,911,935 | 452,823 | 9,364,757 |
| 37 | Net Due - Healthy Families | 07/01/02 - 09/30/02 | | | | | | | | 63,589 | 63,589 | 1,478 | 65,067 |
| 37A | | 10/01/02 - 06/30/03 | | | | | | | | 278,474 | 278,474 | 1,927 | 280,401 |
| | Amount Negotiated Rates Exceed Costs | | | | | | | | | | | | |
| 38 38A | SD/MC (Includes Children) | 07/01/02 - 09/30/02 10/01/02 - 06/30/03 | | | | | | | | | | | |
| 38A 39 | Enhanced SD/MC (Refugees) | | | | | | | | | | | | |
| 40 | Healthy Families | 07/01/02 - 09/30/02 | | | | | | | | | | | |
| 40A | 1 | 10/01/02 - 06/30/03 | 1 | | | | | | l | | | T | |

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: SANTA BARBARA

County Code: 42

Legal Entity: SANTA BARBARA COUNTY

| Legal Entity Number: 00042 | | А | В | С | D | E | F |
|--|----------|-----------------|-----------------|------------|------------|------------|------------|
| | ata Type | Net Dire | ct Costs | FF | P | Effe | ctive |
| <u>-</u> | ala Type | (Gross Reim. Co | osts - Revenue) | Doll | ars | FFI | P% |
| | Source | MH1 | 970s | MH1 | 970s | Calcu | ulatod |
| | Cource | Column N | Column Q | Column R | Column U | Calci | nateu |
| | Formula | | | | | (C6 / A6) | (D6 / B6) |
| | Period | 1st Period | 2nd Period | 1st Period | 2nd Period | 1st Period | 2nd Period |
| | | 07/01/02 - | 10/01/02 - | 07/01/02 - | 10/01/02 - | 07/01/02 - | 10/01/02 - |
| Mode | | 09/30/02 | 06/30/03 | 09/30/02 | 06/30/03 | 09/30/02 | 06/30/03 |
| 1 05 - Hospital Inpatient (SFC 10-19) | | 209,996 | 964,702 | 107,938 | 498,342 | | |
| 2 05 - Other 24 Hour Services (All Other | SFC) | | | | | | 10 |
| 3 10 - Day Services | | | | | | | |
| 4 15 - Outpatient (Program 1) | | 2,911,781 | 8,885,998 | 1,496,655 | 4,584,014 | | |
| 5 15 - Outpatient (Program 2) | | 142,797 | 449,912 | 73,398 | 231,764 | | |
| 6 Totals | | 3,264,574 | 10,300,612 | 1,677,991 | 5,314,119 | | |
| 7 Totals from MH1979 | | 3,264,574 | 10,300,612 | 1,677,991 | 5,314,119 | | |
| 8 Effective SD/MC FFP % | | | | | | 51.40% | 51.59% |

MH 1979 (10/04)

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

Fiscal Year 2002-2003

DEPARTMENT OF MENTAL HEALTH

| County: SANTA BARBARA County Code: 42 Legal Entity: SANTA BARBARA COUNTY Legal Entity Number: 00042 SD/MC Administrative Reimbursement (County Only County SD/MC Direct Service Gross Reimbursement Contract Provider Medi-Cal Direct Service Gross Reimbursement Medi-Cal Administrative Reimbursement Limit Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement Healthy Families Direct Service Gross Reimbursement County Healthy Families Direct Service Gross Reimbursement (Co | nt eimbursement nt | A Total MAA | B Total Inpatient 1,381,191 548,274 | C Total Outpatient 12,480,153 9,835,321 | D Total 13,861,344 10,383,595 24,244,939 | E 50% FFP | Source: MH1978 E8 F 51.40% FFP | Source: MH1978 F8 G 51.59% FFP | H ¹ Variable % FFP | 1 75% FFP | J Total FFP |
|---|--|-------------------|---|---|---|-----------------|--|--|--------------------------------|-----------------|-------------------|
| Legal Entity: SANTA BARBARA COUNTY Legal Entity Number: 00042 SD/MC Administrative Reimbursement (County Only County SD/MC Direct Service Gross Reimbursement Countract Provider Medi-Cal Direct Service Gross Reimbursement Medi-Cal Administrative Reimbursement Limit Medi-Cal Administrative Reimbursement Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (Co | nt eimbursement nt | Total | Total Inpatient | Total Outpatient | Total 13,861,344 10,383,595 | 50% | F 51.40% | G 51.59% | Variable % | | |
| Legal Entity Number: 00042 SD/MC Administrative Reimbursement (County Only 1 County SD/MC Direct Service Gross Reimbursemer 2 Contract Provider Medi-Cal Direct Service Gross Reimbursemen 3 Total Medi-Cal Direct Service Gross Reimbursemen 4 Medi-Cal Administrative Reimbursement Limit 5 Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (Co | nt eimbursement nt | Total | Total Inpatient | Total Outpatient | Total 13,861,344 10,383,595 | 50% | 51.40% | 51.59% | Variable % | | |
| SD/MC Administrative Reimbursement (County Only County SD/MC Direct Service Gross Reimbursemer Contract Provider Medi-Cal Direct Service Gross Re Total Medi-Cal Direct Service Gross Reimbursemen Medi-Cal Administrative Reimbursement Limit Medi-Cal Administrative Reimbursement Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (Co | nt eimbursement nt | | Inpatient 1,381,191 | Outpatient 12,480,153 | 13,861,344 10,383,595 | | | | | | |
| County SD/MC Direct Service Gross Reimbursemer Contract Provider Medi-Cal Direct Service Gross Reimbursemen Total Medi-Cal Direct Service Gross Reimbursemen Medi-Cal Administrative Reimbursement Limit Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (Co | nt eimbursement nt | | 1,381,191 | 12,480,153 | 13,861,344 10,383,595 | | | | | | |
| County SD/MC Direct Service Gross Reimbursemer Contract Provider Medi-Cal Direct Service Gross Reimbursemen Total Medi-Cal Direct Service Gross Reimbursemen Medi-Cal Administrative Reimbursement Limit Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (Co | nt eimbursement nt | | | | 10,383,595 | | | | | | |
| Total Medi-Cal Direct Service Gross Reimbursemen Medi-Cal Administrative Reimbursement Limit Medi-Cal Administration Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (Cc | ounty Only) | | 548,274 | 9,835,321 | | | | | | | |
| Medi-Cal Administrative Reimbursement Limit Medi-Cal Administration Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (Cc | ounty Only) | | | | 24 244 020 | | | | | | |
| 5 Medi-Cal Administration 6 Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (Co | | | | | 24,244,939 | | | | | | |
| 6 Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (Co | | | | | 3,636,741 | | | | | | |
| Healthy Families Administrative Reimbursement (Co | | | | | 2,402,627 | : | | | | | |
| | | | | | 2,402,627 | 1,201,314 | | | | | 1,201,314 |
| | | | | | | | | | | | |
| | | | | 512,925 | 512,925 | | | | | | |
| 8 Healthy Families Administrative Reimbursement Lim | | | | | 51,293 | | | | | | |
| 9 Healthy Families Administration | | | | | 66,467 | | | | | | |
| 10 Healthy Families Administrative Reimbursement | | | | | 51,293 | | | | 33,468 | | 33,468 |
| SD/MC Net Reimbursement for MAA | | | | | | | | | | | |
| 11 Medi-Cal Admin. Activities Svc Functions 01 - 09 | | | | | | | | | | | |
| 12 Medi-Cal Admin, Activities Svc Functions 11 - 19, 31 | 1 - 39 | | | | | | | | | | |
| 13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (Co | | | | | | | | | | | |
| 14 Utilization Review-Skilled Prof. Med. Personnel (Cou | unty Only) | | - | | 755,355 | | | | | 566,516 | 566,516 |
| 15 Other SD/MC Utilization Review (County Only) | | | | | 323,724 | 161,862 | | | | 500,510 | 161,862 |
| | 04/00 00/00/00 | | 202.004 | 2.054.550 | | | 1 (77 001 | | | | |
| | /01/02 - 09/30/02 /01/02 - 06/30/03 | | 209,996 | 3,054,578 | 3,264,574 | | 1,677,991 | 5 214 110 | | | 1,677,991 |
| 17 | /01/02 - 06/30/03 /01/02 - 09/30/02 | | 964,702 | 9,335,910 11,841 | 10,300,612 | | | 5,314,119 | 7.813 | | 5,314,119 |
| | (01/02 - 09/30/02 | | | 28,847 | 28,847 | | | | 18,751 | | 7,813 18,751 |
| 18 Enhanced SD/MC Net Reimb. (Refugees) | 01/02 - 00/30/03 | | | 20,047 | 20,047 | | | | 10,731 | | 18,751 |
| | | | | | | | | | | | |
| 19 Total SD/MC Reimbursement Before Excess FFP | Enh CD/MC | | | | | | | | | | 8,948,365 |
| 20 Amount Negotiated Rates Exceed Costs - SD/MC & 21 Total SD/MC Reimbursement (FFP) | Enn. SD/MC | | | | | | | | | | |
| | | | | | | | | | | | 8,948,365 |
| 22 Contract Limitation Adjustment | _ | | | | | | | | | | 0.040.245 |
| 23 Adjusted Total SD/MC Reimbursement (FFP) | | | | | | | | | | | 8,948,365 |
| | /01/02 - 09/30/02 | | | 65,067 | 65,067 | | | | 42,931 | | 42,931 |
| [24A] 1 [10/ | 01/02 - 06/30/03 | | | 280,401 | 280,401 | | | | 182,261 | | 182,261 |
| 25 Total Healthy Families Reimbursement Before Exces | | | | | | | | | | | 258,661 |
| 26 Amount Negotiated Rates Exceed Costs - Healthy F. | amilies | | | | | | | | | | |
| 27 Total Healthy Families Reimbursement | | | | | | | | | | | 258,661 |

| Provide | | | | | Provider Number | | No. of Adj. | T | | | Ended |
|---------|--------------------|---|--------|--|---------------------|----------------|-------------|---------|------------------------|---------|----------------|
| | SANTA BA | | A COUN | NTY | 00042 | ļ | 100 | \perp | Jun | e 30, : | 2003 |
| Adj. | Report Re Form/ | , | | EXPLANATION OF AUDIT ADJUSTMEN | NTS | As Reported | | | Increase (Decrease) | | As Adjusted |
| No. | Sch. | Line | Col. | | | - | | +- | | - | |
| | | | | ADJUSTMENTS TO REPORTED COSTS | | | | | | | |
| 1 | MH 1960 | 8 | С | ALLOWABLE COSTS FOR ALLOCATION | | \$ | 29,172,504 | \$ | (732,250) | \$ | 28,440,254 * |
| | | | | To eliminate Lompoc Building purchase expense as this asset shave been capitalized and depreciated over the useful life of the | | | | | | | |
| | | | | CMS PUB. 15-1 SEC. 108 | | | | | | | |
| 2 | MH 1960 | 8 | С | ALLOWABLE COSTS FOR ALLOCATION | de s | * \$ | 28,440,254 | \$ | 12,419 | \$ | 28,452,673 * |
| | | | | To include Lompoc Building depreciation expense on the assets in adjustment number 1. | s to be capitalized | | | | | | |
| | | | | CMS PUB. 15-1 SEC. 102, 104, 108 | | | | | | | |
| 3 | MH 1960 | 8 | С | ALLOWABLE COSTS FOR ALLOCATION | 9kn | * \$ | 28,452,673 | \$ | (2,134,072) | \$ | 26,318,601 * |
| | | | | To eliminate other financing uses account for insufficient document to determine if these costs are related to patient care. | nentation | | | | | | |
| | | | | CMS PUB. 15-1 SEC. 2102.3, 2304 | | | | | | | |
| 4 | MH 1960 | 8 | С | ALLOWABLE COSTS FOR ALLOCATION | ** | * \$ | 26,318,601 | \$ | (17,771) | \$ | 26,300,830 * |
| | | | | To eliminate the cost fixed assets. These assets must be capit and depreciated over the useful life of the assets. | talized | | | | | | |
| | | | | CMS PUB. 15-1 SEC. 108 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | | | | |

California Health and Human Services Agency

Department of Mental Health

| Provide | ır | | | | Provider Number | T | No. of Adj. | 1 | Fiscal | Perio | d Ended |
|---------|---------------|---------|-------|---|----------------------|------|-------------|----------|------------|-------|--------------|
| | SANTA B | ARBAR. | A COU | NTY | 00042 | | 100 | | June | e 30, | 2003 |
| | Report Re | ference | · | | | As | | Increase | | | As |
| Adj. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTMEN | NTS | | Reported | | (Decrease) | | Adjusted |
| | | | | ADJUSTMENTS TO REPORTED COSTS | | | | | | | |
| 5 | MH 1960 | 8 | С | ALLOWABLE COSTS FOR ALLOCATION | ** | * \$ | 26,300,830 | \$ | (534,334) | \$ | 25,766,496 * |
| | | | | To eliminate Counseling Education Center (CEC) expenses for insufficient documentation to determine if these costs are relate | | | | | | | |
| | | | | CMS PUB. 15-1 SEC. 2304 | | | | | | | |
| 6 | MH 1960 | 8 | С | ALLOWABLE COSTS FOR ALLOCATION | ** | * \$ | 25,766,496 | \$ | (5,672) | \$ | 25,760,824 * |
| | | | | To eliminate duplicate EPSDT expense. | | | | | | | |
| | | | | CMS PUB. 15-1 SEC. 2304 | | | | | | | |
| 7 | MH 1960 | 8 | С | ALLOWABLE COSTS FOR ALLOCATION | ** | \$ | 25,760,824 | \$ | (5,774) | \$ | 25,755,050 * |
| | | | | To adjust Fee-For-Services costs to agree with county's genera | l ledger | | | | | | |
| | | | | CMS PUB. 15-1 SEC. 2304 | | | | | | | |
| 8 | MH 1960 | 8 | С | ALLOWABLE COSTS FOR ALLOCATION | ** | \$ | 25,755,050 | \$ | (57,928) | \$ | 25,697,122 * |
| | | | | To eliminate office equipment fixed asset expense as these ass should have been capitalized and depreciated over the useful life. | | | | | | | |
| | | | | CMS PUB. 15-1 SEC. 102, 104 | | | | | | | |
| 9 | MH 1960 | 8 | С | ALLOWABLE COSTS FOR ALLOCATION | ** | \$ | 25,697,122 | \$ | 1,532 | \$ | 25,698,654 |
| | | | | To include depreciation expense on the assets to be capitalized | in adjustment No. 8. | | | | | | |
| | | | | CMS PUB. 15-1 SEC. 104, 102 | | | | | | | |
| | | | | | | | | | | | |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | | | | |

| Provide | ſ | ····· | <u>-</u> | | Provider Number | No. of Adj. | Fiscal I | Period Ended |
|-------------------------|--|----------------------|----------|---|--|--|--|--|
| | SANTA BA | ARBARA | OUN | ITY | 00042 | 100 | June | 30, 2003 |
| | Report Ref | ference | | | | As | Increase | As |
| Adj. No. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTMEN | ITS | Reported | (Decrease) | Adjusted |
| NO. | OCI1. | Line | 001. | ADJUSTMENTS TO REPORTED COST | | | | |
| 10 11 12 Info. | MH 1960 MH 1960 MH 1960 MH 1960 | 9 10 11 12 | 0000 | SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS | | \$ 2,191,696 62,499 643,032 \$ 2,897,227 | \$ (2,191,696) (62,499) \$ (643,032) | \$ 0 * 0 * 0 * \$ |
| | | | | To eliminate the reported distribution of administrative costs. Coredistributed after adjustments to administrative costs. | osts will be | | | |
| 13 14 15 Info. | MH 1960 MH 1960 MH 1960 MH 1960 | 13 14 15 16 | 0000 | SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS | | \$ 1,254,438 100,303 436,106 \$ 1,790,847 | \$ (1,254,438) (100,303) (436,106) | \$ 0 * 0 * 0 * \$ 1,790,847 * |
| | | | | To eliminate the reported distribution of utilization review costs. redistributed after adjustments to utilization review costs. | Costs will be | | | |
| 16 17 | MH 1960 MH 1960 | 12 18 | C C | TOTAL ADMINISTRATIVE COSTS MODE COSTS (DIRECT SERVICE AND MAA) | - star | \$ 2,897,227 \$ 24,484,430 | \$ (102,825) \$ 102,825 | \$ 2,794,402 * \$ 24,587,255 * |
| | | | | To reverse expenses identified as A-87 costs from Administrati costs to direct services for proper cost finding method in conjunwith adjustment number 20 and 21. | ive ction | | | |
| | | | | CMS PUB. 15-1 SEC. 2300, 2304, DMH Letter 90-03 | | | | |
| 18 19 | MH 1960 MH 1960 | 12 18 | C C | TOTAL ADMINISTRATIVE COSTS MODE COSTS (DIRECT SERVICE AND MAA) | en en en en en en en en en en en en en e | \$ 2,794,402 \$ 24,587,255 | \$ 1,009,894 \$ (1,009,894) | \$ 3,804,296 * \$ 23,577,361 |
| | | | | To reverse A-87 Costs from Mode Costs to Administrative Costs for proper cost finding method. | s | | : | |
| | | | | CMS PUB. 15-1 SEC. 2300, 2304, DMH Letter 90-03 | | | | |
| | | | | Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. | | | | |

| Provide | | | | | Provider Number 00042 | | No. of Adj. 100 | | Fiscal I | Period | |
|--|--|----------------------|--------|---|---|----------------|--------------------------|------------------------|----------------------------------|----------|---|
| | SANTA B | | 4 COON | ILY | 00042 | | | | | T 00, 2 | |
| Adj. | Report Re Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTMEN | NTS | As Reported | | Increase (Decrease) | | | As Adjusted |
| 110. | | | | ADJUSTMENTS TO REPORTED COST | | | | | | | |
| 20 21 | MH 1960 MH 1960 | 12 16 | C C | TOTAL ADMINISTRATIVE COSTS TOTAL UTILIZATION REVIEW COSTS | Second Second | \$ | 3,804,296 1,790,847 | \$ | 63,558 (63,558) | \$ | 3,867,854 * 1,727,289 * |
| | | | | To reverse A-87 Costs from Utilization Review Costs to Adminis for proper cost finding. | reverse A-87 Costs from Utilization Review Costs to Administrative Costs proper cost finding. | | | | | | |
| | | | | CMS PUB. 15-1 SEC. 2300, 2304, DMH Letter 90-03 | | | | | | | |
| 22 23 24 Info | MH 1960 MH 1960 MH 1960 MH 1960 | 9 10 11 12 | 0000 | SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS | *** *** *** | | 0 0 0 3,867,854 | \$ | 2,402,627 66,467 1,398,760 | \$ \$ | 2,402,627 66,467 1,398,760 3,867,854 |
| | | | | To reallocate Total Administrative Costs among Medi-Cal, Heal and non-Medi-Cal based on percentage of audited Med-Cal cos to total costs per Form MH 1964 in accordance with cost report | sts per Form MH 196 | 8 | | | | | |
| 25 26 27 Info. | MH1960 MH1960 MH1960 MH1960 | 13 14 15 16 | 0000 | SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS | etci etci etci | | 0 0 0 1,727,289 | \$ | 755,355 323,724 648,210 | \$ \$ | 755,355 323,724 648,210 1,727,289 |
| and the state of t | | | | To reallocate Total Utilization Review Costs among Skilled Prof Medical Personnel, Other Medi-cal, and non-medical-cal based percentage of audited Med-Cal costs per to total costs per Forn in accordance with cost report instructions. | on Form MH 1968 | | | | | | |
| 28 | MH 1960 | 18 | С | MODE COSTS (DIRECT SERVICE AND MAA) | | \$ | 24,484,430 | \$ | (4,380,919) | \$ | 20,103,511 |
| | | | | To adjust mode costs in conjunction of adjustment numbers 1 to | o 4, 6 to 10, 19 and 2 | 1 21. | | | | | |
| | | | | CMS PUB. 15-1 SEC. 2304 | | | | | | | |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | | | | |

| Provide | r | | | | Provider Number | No. of Adj. | | Period Ended |
|---|--|--------------------------------------|-----------------------------------|--|-----------------|---|--|--|
| | SANTA BA | ARBAR | A COUN | ITY | 00042 | 100 | June | 30, 2003 |
| | Report Re | ference | | | | As | Increase | As |
| Adj. No. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTME | NTS | Reported | (Decrease) | Adjusted |
| NO. | JUII. | Line | GOI. | ADJUSTMENTS TO ALLOCATION OF COST TO MODES OF SERVICE | <u>-</u> S | | | |
| 29 30 Info. | MH 1964 MH 1964 TOTAL | 2 5 9 | A A A | HOSPITAL INPATIENT SERVICE (MODE 5-SFC 10-19) OUTPATIENT SERVICES (MODE 15) MODE COSTS (DIRECT SERVICES AND MAA) To distribute audited Direct Services costs (Medi-Cal Modes) to Hospital Inpatient Services and Outpatient Services using the Foundation of Maxium Allowand Value method method based on Schedule of Maxium Allowand | Relative | \$ 3,535,918 20,030,308 \$ 23,566,226 | \$ (204,172) (4,170,973) \$ (4,375,145) | \$ 3,331,746 15,859,335 \$ 19,191,081 |
| 31 | MH 1964 | 5 | А | TOTAL MODE 15 - OUTPATIENT (PROGRAM 2) GROSS CO To adjust program 2 cost to reflect ajustment number 7. | | \$ 726,616 | \$ (5,774) | \$ 720,842 * |
| 32 33 34 35 36 37 38 Info. | MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A | 3 3 3 3 3 3 3 3 | B+C B B B B D A | Fee-For-Services - Psychi Fee-For-Services - Psycho Fee-For-Services - LCSW Fee-For-Services - MFCC Fee-For-Services - MFT Fee-For-Services - MIXED ASO TOTAL FEE-FOR-SERVICES GROSS COST. | | 0 0 0 0 0 0 0 0 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ 85,074 50,751 26,296 138,492 203,462 205,306 11,462 \$ 720,842 | \$ 85,074 50,751 26,296 138,492 203,462 205,306 11,462 \$ 720,842 |
| 39 40 Info. Info. | MH1966 MH1966 MH1966 MH1966 | 3 3 3 | B C D A | To show the Program 2 costs by provider discipline. MHS 15-10 MHS 15-60 ASO 15-40 TOTAL FEE-FOR-SERVICES GROSS COST. To reclassify the program 2 costs agree with county's record. | | \$ 615,908 99,246 11,462 \$ 726,616 | \$ 10,299 (16,073) 0 \$ (5,774) | \$ 626,207 83,173 11,462 \$ 720,842 |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | · | | Page 5 of 14 |

| | Provider Number | No. of Adj. | j . | Period Ended |
|--|--|---|---|--|
| NTY | 00042 | 100 | June | 30, 2003 |
| | | As | Increase | As |
| EXPLANATION OF AUDIT ADJUSTME | EXPLANATION OF AUDIT ADJUSTMENTS | | (Decrease) | Adjusted |
| ADJUSTMENTS TO ALLOCATION OF COS TO MODES OF SERVICE | <u>T</u> S | | | |
| HOSPITAL INPATIENT SERVICE (MODE 5-SFC 10-19) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 AND PRO OUTREACH SERVICE (MODE 45) SUPPORT SERVICES (MODE 60) TOTAL To distribute audited Direct Services cost to Hospital Inpatient | Service, | \$ 3,535,918 20,756,924 66,588 125,000 \$ 24,484,430 | \$ (204,172) (4,176,747) 0 \$ (4,380,919) | \$ 3,331,746 16,580,177 66,588 125,000 \$ 20,103,511 |
| | ADJUSTMENTS TO ALLOCATION OF COS TO MODES OF SERVICE HOSPITAL INPATIENT SERVICE (MODE 5-SFC 10-19) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 AND PRO OUTREACH SERVICE (MODE 45) SUPPORT SERVICES (MODE 60) TOTAL To distribute audited Direct Services cost to Hospital Inpatient Outpatient Servies, Outreach Services, and Support Services | EXPLANATION OF AUDIT ADJUSTMENTS ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE HOSPITAL INPATIENT SERVICE (MODE 5-SFC 10-19) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 AND PROGRAM 2) OUTREACH SERVICE (MODE 45) SUPPORT SERVICES (MODE 60) TOTAL To distribute audited Direct Services cost to Hospital Inpatient Service, Outpatient Servies, Outreach Services, and Support Servcies to | EXPLANATION OF AUDIT ADJUSTMENTS AS Reported AS Reported AS Reported ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE HOSPITAL INPATIENT SERVICE (MODE 5-SFC 10-19) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 AND PROGRAM 2) OUTREACH SERVICE (MODE 45) SUPPORT SERVICES (MODE 60) TOTAL To distribute audited Direct Services cost to Hospital Inpatient Service, Outpatient Servies, Outreach Services, and Support Services to | EXPLANATION OF AUDIT ADJUSTMENTS |

| Provide | r | | | | Provider Number | No. of Adj. | | eriod Ended |
|--|--|---|-------------------|---|-----------------|---|---|---|
| | SANTA BA | ARBAR | A COUN | ITY | 00042 | 100 | June | 30, 2003 |
| A -1: | Report Ref | ference | | EXPLANATION OF AUDIT ADJUSTMEN | TS | As Reported | Increase (Decrease) | As Adjusted |
| Adj. No. | Sch. | Line | Col. | EXI EXIATION OF ADDIT ADDOCTMENT | | | | |
| | | | | ADJUSTMENTS TO REPORTED UNITS | | | | |
| Info. 44 45 Info. Info. 46 47 Info. 48 Info. 49 Info. 50 Info. | MH 1966A MH 1966A | 2 | BCBCDEFGHIJKLMNOP | TOTAL UNITS - MODE 05-10 TOTAL UNITS - MODE 15-01 TOTAL UNITS - MODE 15-10 TOTAL UNITS - MODE 15-11 TOTAL UNITS - MODE 15-12 TOTAL UNITS - MODE 15-30 TOTAL UNITS - MODE 15-31 TOTAL UNITS - MODE 15-31 TOTAL UNITS - MODE 15-40 TOTAL UNITS - MODE 15-41 TOTAL UNITS - MODE 15-50 TOTAL UNITS - MODE 05-51 TOTAL UNITS - MODE 05-58 TOTAL UNITS - MODE 05-58 TOTAL UNITS - MODE 15-60 TOTAL UNITS - MODE 15-61 TOTAL UNITS - MODE 15-62 TOTAL UNITS - MODE 15-70 TOTAL UNITS TO adjust total units to agree with County records. CMS PUB. 15-1 SEC. 2304 * Balance carried forward to subsequent adjustment. | | 2,944 2,499 2,417,840 577,209 103,778 31,663 557,998 1,514,807 880,995 761,800 68,243 363,451 6,908 529,353 47,346 807,322 178,742 8,852,898 | 0 (240) (80) 0 (770) (355) 0 (52,495) 0 (10) 0 0 (53,972) | 2,944 2,499 2,417,600 577,129 103,778 31,663 557,228 1,514,452 880,995 709,305 68,243 363,429 6,908 529,343 47,346 807,322 178,742 8,798,926 |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | |

| Provide | er | | | | Provider Number | No. of Adj. | Fiscal P | eriod Ended |
|---|---|--------------------------------------|------------------|---|-----------------|---|--|---|
| | SANTA B | ARBAR | A COUN | ITY | 00042 | 100 | June | 30, 2003 |
| | Report Re | ference | | | | As | Increase | As |
| Adj. No. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTME | NIS | Reported | (Decrease) | Adjusted |
| | | | | ADJUSTMENTS TO REPORTED UNITS | | | | |
| 51 52 53 54 55 56 57 58 Info. | MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A TOTAL | 2 2 2 2 2 2 2 2 | 8088880 | Fee-For-Services - Psychi 15-11 Fee-For-Services - Psychi 15-60 Fee-For-Services - Psycho 15-10 Fee-For-Services - LCSW 15-10 Fee-For-Services - MFCC 15-10 Fee-For-Services - MFT 15-10 Fee-For-Services - MIXED 15-10 ASO 15-40 TOTAL UNITS 15-40 | | 697,429 60,575 0 0 0 0 0 11,816 769,820 | (695,269) 0 57,672 29,882 157,377 231,206 233,302 2,044 16,214 | 2,160 60,575 57,672 29,882 157,377 231,206 233,302 13,860 786,034 |
| | | | | To ajust Program 2 total units to agree with cost per units rate. CMS PUB. 15-1 SEC. 2304 | | | | |
| 59 60 Info. Info. | MH1966 MH1966 MH1966 MH1966 | 3 3 3 3 | B C D A | MHS 15-10 MHS 15-60 ASO 15-40 TOTAL FEE-FOR-SERVICES GROSS COST. To adjust program 2 total units agree with county's record. | | 697,429 60,575 11,816 726,616 | 14,170 0 2,044 16,214 | 711,599 60,575 13,860 786,034 |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | |

| Provide | ır | | | | Provider Number | No. of Adj. | Fiscal Po | eriod Ended |
|-------------------|----------------------------------|--------------|-------------------------|---|--------------------|-------------------------------------|---------------------------------|-------------------------------------|
| | SANTA B | ARBAR | A COUN | TY | 00042 | 100 | June | 30, 2003 |
| Adj. | Report Re | ference | | EXPLANATION OF AUDIT ADJUSTMEN | ITS | As Reported | Increase (Decrease) | As Adjusted |
| No. | Sch. | Line | Col. | | | | | |
| | | | | ADJUSTMENTS TO REPORTED SD/MC UNITS - Co | OUNTY | | | |
| 61 62 Info. | MH 1966A MH 1966A MH 1966A | 9 | TOTAL TOTAL TOTAL | TOTAL MEDICAL UNITS 51.40% TOTAL MEDI/MEDI UNITS 51.40% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | | 1,783,871 19,310 1,803,181 | (4,406) 4,816 410 | 1,779,465 24,126 1,803,591 * |
| 63 64 Info. | MH 1966A MH 1966A MH 1966A | 9A | Total Total Total | TOTAL MEDICAL UNITS 50.70% TOTAL MEDI/MEDI UNITS 50.70% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | | 5,518,080 31,371 5,549,451 | (101,243) 39,498 (61,745) | 5,416,837 70,869 5,487,706 * |
| | | | | To adjust Medi-Cal and Medi/Medi units to agree with the State of Mental Health Summary of Approved claims. Above adjustme include Phase II. Copies of workpapers detailing adjustments be functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods. | ents by service | | | |
| 65 66 Info. | MH 1966A MH 1966A MH 1966A | 8+9 8A+9A | TOTAL TOTAL TOTAL | TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 50.70% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS To adjust Medi-Cal and Medi/Medi units to agree with County re Above adjustments include Phase II. Copies of workpapers det adjustments by service functions have provided to the county. MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods. | ailing | 1,803,591 5,487,706 7,291,297 | (2,737) (54,077) (56,814) | 1,800,854 * 5,433,629 * 7,234,483 * |
| | | | | Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. | | | | |

| Provide | er | | | | Provider Number | No. of Adj. | Fiscal Pe | riod Ended |
|-------------------|----------------------------------|-----------|-------------------------|--|--|-------------------------------------|----------------------------------|-------------------------------------|
| | SANTA B | ARBAR | A COUN | ITY | 00042 | 100 | June 3 | 30, 2003 |
| Adj. | Report Re | ference | | EXPLANATION OF AUDIT ADJUSTME | ENTS | As Reported | Increase (Decrease) | As Adjusted |
| No. | Sch. | Line | Col. | | | | | • |
| | | | | ADJUSTMENTS TO REPORTED SD/MC UNITS - | COUNTY | | | |
| 67 68 Info. | MH 1966A MH 1966A MH 1966A | 8A+9A | TOTAL TOTAL TOTAL | TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 50.70% TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS | | 1,800,854 5,433,629 7,234,483 | 1,180 (6,022) (4,842) | 1,802,034 * 5,427,607 7,229,641 * |
| | | | | To adjust Medical and Medi/Medi units to the lesser of the Strof Mental Health Summary of Approved Claims report or Cou Above adjustments include Phase II. Copies of workpapers ob service functions have provided to the county. See MH 19 which reflect the units for the three (3) reimbursement periods | nty records. detailing adjustments 970 worksheets, | | | |
| 69 70 Info. | MH 1966A MH 1966A MH 1966A | 9 | TOTAL TOTAL TOTAL | TOTAL MEDICAL UNITS 51.40% TOTAL MEDICAL UNITS 50.70% TOTAL MEDICAL UNITS | 1 | 1,802,034 5,427,607 7,229,641 | (23,610) (67,404) (91,014) | 1,778,424 5,360,203 7,138,627 |
| | | | | To identify Medi/Medi units for settlement purposes. | | | | |
| 71 72 | MH 1966A MH 1966A | 10 10A | TOTAL TOTAL | | 2-09/30/02 2-06/30/03 | 0 0 | 8,565 19,414 | 8,565 19,532 |
| | | | | To adjust Enhance Children's units to agree with the State De of Mental Health Summary of Approved claims. | epartment | | | |
| 73 74 | MH 1966A MH 1966A | 10 10A | TOTAL TOTAL | | 2-09/30/02 2-06/30/03 | 40,650 173,698 | (575) (6,540) | 40,075 167,158 |
| | | | | To adjust Healthy Families units to agree with the State Depa of Mental Health Summary of Approved claims. | rtment | | | |
| 75 | MH 1978 | 8 | F | EFFECTIVE SD/MC FFP % | | 51.58% | 0.01% | 51.59% |
| | | | | To adjust the FFP Ratio to reflect adjustment number 51 throu | ugh 58. | | | |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | |

| Provide | er | | | | Provider Number | No. of Adj. | Fiscal Pe | eriod Ended |
|-------------------|----------------------------------|--------------|-------------------------|---|--|-------------------------------------|---------------------------------|-------------------------------------|
| | SANTA B | ARBAR | A COUN | TY | 00042 | 100 | June | 30, 2003 |
| | Report Re | ference | | | | As | Increase | As |
| Adj. No. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTMEN | EXPLANATION OF AUDIT ADJUSTMENTS | | | Adjusted |
| | | | | ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT | CT PROVIDERS | | | |
| 76 77 Info. | MH 1966A MH 1966A MH 1966A | 9 | TOTAL TOTAL TOTAL | TOTAL MEDICAL UNITS 51.40% TOTAL MEDI/MEDI UNITS 51.40% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | | 1,701,571 0 1,701,571 | (29,901) 531 (29,370) | 1,671,670 531 1,672,201 * |
| 78 79 Info. | MH 1966A MH 1966A MH 1966A | 9A | Total Total Total | TOTAL MEDICAL UNITS 50.70% TOTAL MEDI/MEDI UNITS 50.70% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS | | 4,936,279 0 4,936,279 | 117,182 3,805 120,987 | 5,053,461 3,805 5,057,266 * |
| 80 81 Info. | МН 1966А МН 1966А МН 1966А | 8+9 8A+9A | TOTAL TOTAL TOTAL | To adjust Medi-Cal and Medi/Medi units to agree with the State of Mental Health Summary of Approved claims. Above adjustments include Phase II. Copies of workpapers detailing adjustments is functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods. TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 50.70% TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS To adjust Medical and Medi/Medi units to the lesser of the State of Mental Health Summary of Approved Claims report or County Above adjustments include Phase II. Copies of workpapers det by service functions have provided to the county. See MH 1970 which reflect the units for the three (3) reimbursement periods. | ents by service worksheets, ** ** Department y records. calling adjustments | 1,672,201 5,057,266 6,729,467 | 30,867 (108,524) (77,657) | 1,703,068 * 4,948,742 * 6,651,810 * |
| : | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | |

AUDIT ADJUSTMENTS

| Provider | | | | | Provider Number | No. of Adj. | Fiscal Per | riod Ended |
|----------------------|----------------------------------|---------------|-------------------------|---|-----------------------------------|-------------------------------------|----------------------------------|---|
| SANTA BARBARA COUNTY | | | | | 00042 | 100 | June 3 | 0, 2003 |
| Report Reference | | | | | | As | Increase | As |
| Adj. Form/ | | | | EXPLANATION OF AUDIT ADJUSTMENTS | | Reported | (Decrease) | Adjusted |
| No. | Sch. | Line | Col. | | | | | |
| | | | | ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRA | CT PROVIDERS | | | |
| 82 83 Info. | MH 1966A MH 1966A MH 1966A | 9 | TOTAL TOTAL TOTAL | TOTAL MEDICAL UNITS 51.40% TOTAL MEDICAL UNITS 50.70% TOTAL MEDICAL UNITS | ** ** ** | 1,703,068 4,948,742 6,651,810 | (40,544) (35,716) (76,260) | 1,662,524 * 4,913,026 * 6,575,550 * |
| | | | | To adjust Medical and Medi/Medi units to the lesser of the Stat of Mental Health Summary of Approved Claims report or Count Above adjustments include Phase II. Copies of workpapers de by service functions have provided to the county. See MH 197 which reflect the units for the three (3) reimbursement periods. | y records. tailing adjustments | | | |
| 84 85 Info. | MH 1966A MH 1966A MH 1966A | 8 9 8+9 | TOTAL TOTAL TOTAL | TOTAL MEDICAL UNITS 51.40% TOTAL MEDICAL UNITS 50.70% TOTAL MEDICAL UNITS | ** | 1,662,524 4,913,026 6,575,550 | (531) (3,805) (4,336) | 1,661,993 4,909,221 6,571,214 |
| | | | | To identify Medi/Medi units for settlement purposes. | | | | |
| 86 87 Info. | MH 1966A MH 1966A MH 1966A | 8 9 8+9 | TOTAL TOTAL TOTAL | TOTAL MEDICAL UNITS 51.40% TOTAL MEDICAL UNITS 50.70% TOTAL MEDICAL UNITS | ** | 1,661,993 4,909,221 6,571,214 | (12,641) (71,585) (84,226) | 1,649,352 4,837,636 6,486,988 |
| | | | | To adjust Medi-Cal units in excess of total units for the the follo Casa Pacifica, Sanctruary Psychiatric Centers, Family Service Santa Maria Valley Youth and Family Center, and Phoenix of S | Agency, | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | · | | | |

AUDIT ADJUSTMENTS

| Provider CANTA DARRADA COUNTY | | | | | Provider Number 00042 | No. of Adj. 100 | | Period Ended e 30, 2003 |
|-------------------------------|----------------------|-----------|----------------|--|----------------------------------|--------------------|------------------|----------------------------|
| SANTA BARBARA COUNTY | | | | | 00042 | As | Increase | 30, 2003 As |
| Adj. | | | ITS | Reported | (Decrease) | Adjusted | | |
| No. | Sch. | Line | Col. | | | | | <u> </u> |
| | | | | ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRAC | | | | |
| 88 89 | MH 1966A MH 1966A | 10 10A | TOTAL TOTAL | TOTAL HEALTHY FAMILIES UNITS 07/01/02-0 TOTAL HEALTHY FAMILIES UNITS 10/01/02-0 | | 27,409 140,576 | 40 (6,991) | 27,449 * 133,585 * |
| | | | | To adjust Healthy Families units to agree with the State Departr of Mental Health Summary of Approved claims. | | | | |
| 90 91 | MH 1966A MH 1966A | 10 10A | TOTAL TOTAL | TOTAL HEALTHY FAMILIES UNITS 07/01/02-0 TOTAL HEALTHY FAMILIES UNITS 10/01/02-0 | | 27,449 133,585 | (40) 7,278 | 27,409 140,863 |
| | | | | To adjust Healthy Families units to agree with the County's reco | ord. | | | |
| 92 93 | MH 1966A MH 1966A | 10 10A | TOTAL TOTAL | TOTAL HEALTHY FAMILIES UNITS 07/01/02-0 TOTAL HEALTHY FAMILIES UNITS 10/01/02-0 | | 27,409 140,863 | (507) (7,562) | 26,902 133,301 |
| | | | | To adjust Medical and Medi/Medi units to the lesser of the State of Mental Health Summary of Approved Claims report or County | e Department y records. | | | |
| | | | | ADJUSTMENTS TO REPORTED SD/MC SETTLE | <u>MEN</u> T | | | |
| 94 | MH 1980 | 2 | D | CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROS | S REIMB | \$ 10,114,286 | \$ (304,247) | \$ 9,810,039 |
| | | | | To adjust the outpatient Contract Provider Direct Medi-Cal Gros as a result of adjustments to the costs and the SD/MC units of s | s Reimbursement service/time. | | | |
| 95 | MH 1979 | 21 | J | TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY | | \$ 10,940,167 | \$ (1,991,802) | \$ 8,948,365 |
| | | | | To adjust Total SD/MC Reimbursement (FFP) due to the adjust reported costs and units. | ments to | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | |

AUDIT ADJUSTMENTS

| Provider SANTA BARRARA COLINITY | | | | | Provider Number 00042 | | No. of Adj. | Fiscal Period Ended June 30, 2003 | | |
|---------------------------------------|---------------|------|------|--|---|-----------|-------------|--------------------------------------|----------------|--|
| SANTA BARBARA COUNTY Report Reference | | | | | 00042 | 100 As | | Increase | 30, 2003 As | |
| Adj. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTMENTS | | | Reported | (Decrease) | Adjusted | |
| | | | | ADJUSTMENTS TO REPORTED SD/MC SETTLEM | MENT | | | | | |
| 96 | MH 1979 | 25 | J | TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COU | NTY | \$ | 331,472 | \$ (72,811) | \$ 258,661 | |
| | | | | To adjust Total Health Families Reimbursement (FFP) due to the reported costs and units. | | | | | | |
| 97 | MH 1979 | 25 | J | TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY | | \$ | 11,271,639 | \$ (2,064,613) | \$ 9,207,026 * | |
| | | | | To adjust SD/MC and Healthy Families in conjunction with adjus numbers 93 and 94. | stment | | | | | |
| 98 | SCH 2 | | | TOTAL SD/MC REIMBURSEMENT | ** | \$ | 9,165,192 | 4,818,960 | 13,984,152 * | |
| - | | | | To adjust Total SD/MC Reimbursement for contract providers as a result of adjustments to SD/MC units. | | | | | | |
| | | | | Per Final Settlement Adjustment Per Audit | \$ 5,119,032 (300,072) \$ 4,818,960 | | | | | |
| 99 | SCH 2 | | | TOTAL SD/MC REIMBURSEMENT | ** | \$ | 13,984,152 | \$ 107,337 | \$ 14,091,489 | |
| | | | | To adjust Total Healthy Familiy Reimbursement for contract provas a result of adjustments to units. | viders | | | | | |
| | | | | Per Final Settlement Adjustment Per Audit | \$ 114,020 (6,683) \$ 107,337 | | | | | |
| 100 | SCH 4 | 10 | | EPSDT -SGF | <u> </u> | \$ | 4,385,102 | \$ (608,645) | \$ 3,776,457 | |
| | | | | To adjust the final settlement under EPSDT program to reflect the make to costs and units of service/time. | ne adjustments | | | | | |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | | | |

FINDING NO. 1: CAPITAL ITEMS EXCEEDING \$5,000 WERE EXPENSED IN THE CURRENT YEAR

Our examination disclosed that during the audit period, the County purchased a building in the amount of \$732,250 and expensed the entire amount in the year acquired. Per CMS Pub. 15-1, Section 108, assets with an estimated useful life of at least 2 years and a historical cost of at least \$5,000 must be capitalized and depreciated over the estimated useful life of the asset. Per the County's Capital Asset Policy and Guidelines (Policy), equipment, furniture, and vehicles have a capitalization threshold of \$5,000. The County's Policy also has a capitalization threshold of \$100,000. This policy is superseded by Federal regulations. The Department removed the expense and depreciated the asset over the useful life of 30 years.

In addition, the County expensed miscellaneous fixed assets totaling \$57,928, and a Computer Server valued at \$17,771. In both cases, the assets have a useful life of five (5) years. An adjustment was made to eliminate the capital expense and allow depreciation of these assets over their estimated useful life.

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services (CMS) Pub.15-1, Section 108 & 2304
- > California Code of Regulations (CCR), Title 9, Division 1, Section 640

RECOMMENDATION

We recommend that the County follow its fixed asset capitalization policy guidelines regarding expensing of certain kinds of assets. The DMH follows the Medi-Cal reimbursement guidelines of capitalizing assets over \$5,000 or the provider's guidelines whichever is less. In addition, the Medi-Cal program recognizes the American Hospital Association (AHA) asset guidelines which provide the useful life of the assets.

We also recommend that the County adhere to the CMS regulations regarding expensing of assets.

AUDITEE'S RESPONSE

It is the County's intention to insure that the capitalization and depreciation policies are observed and reflected appropriately in the preparation of future cost reports.

FINDING NO. 2: A-87 COSTS WERE REPORTED AS TREATMENT COSTS

Our examination disclosed that the County reported \$907,069 of A-87 County overhead costs as treatment costs. Audit's reclassified the costs from treatment to administration based on DMH Letter 94-01 which states, in part:

"Administrative Costs

Agencies and departments of local governments and contractors providing a county's entire mental health program often furnish patient care facilities with administrative services necessary to their operation. The cost of such services are included as allowable to the extent they are 1) reasonable, 2) related to services provided by direct patient care facilities, 3) allowable under Medicare regulations, and 4) allocated on an acceptable basis.......

Approved A-87 costs are allowable..."

AUDIT AUTHORITY

- ➤ Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- > DMH Letter 90-03
- > DHS Letter 94-01

RECOMMENDATION

We recommended that the County properly report A-87 costs as administrative costs. The inclusion of administrative costs with treatment may have a material impact on settlement and could result in a duplication of costs.

AUDITEES RESPONSE

As a result of this finding, the County will insure that allowable A-87 Cost Allocation costs are properly included as part of Administration.

FINDING NO. 3: CONTRACT PROVIDERS' COSTS EXCEEDS THE CONTRACT MAXIMUM

Our examination disclosed that the costs for some contract providers exceeded the maximum amount payable as specified in their contract with the County. Following is a listing of contract providers that shows excess of costs over the contract maximum:

| Contract Provider | Excess Costs |
|---|------------------------------------|
| Sanctuary Psychiatric Center Child Abuse Listening and Mediation Vocational Training Center | \$208,402 \$ 31,485 \$ 6,980 |
| J. Vocational Hairing Center | Ψ 0,300 |

On November 5, 2007, the County sent a letter to the Department self-disclosing this issue. Per the letter, the County permitted these contract providers to continue to bill for Medi-Cal services even though the contract maximum had been reached. The County reimbursed the contractor up to the contract maximum, even though the County received payment from the State for services in excess of the contract maximum. The County retained the excess of costs over payments made to the respective contract providers.

AUDIT AUTHORITY

- ➤ Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- Fiscal Year 2002-2003 Cost and Financial Reporting System (CFRS)
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

RECOMMENDATION

We recommend that the County reconcile total expenses reported by each contract provider to the contract agreements between the county and contractor and take appropriate action to ensure that expenses do not exceed the contract maximum. This could be accomplished by a contract amendment made during the period of the contract if the County so desires.

AUDITEE'S RESPONSE

Although the issue with one of the providers identified (Sanctuary) is not an issue with the contract max but an error in reporting payments received for the SHIA

program, the County has identified this area a priority. The County has already started the process to incorporate and put controls in place to better manage provider contracts to insure that contract maximums are not exceeded.

FINDING NO. 4: COUNTY CHARGED CERTAIN CONTRACTORS A 15% ADMINISTRATION FEE

On November 5, 2007, the County sent a letter to the Department self disclosing that the County had, for some contractors, added a 15% charge for administrative services. The contractor would add 15% of the Administrative fee charged by the County as costs on their Medi-Cal cost report. The County would reimburse the contractor's cost less the 15% County fees, and retain 15% administrative fee. In addition, the County continued to send claims to the DMH of administrative costs pursuant to rules regarding claiming and reporting of such costs. Due to this situation, there is the possibility that some costs may have been reimbursed by the State twice.

The administrative fees, when included in provider's cost reports, results in a higher base from which to negotiate future rates. Therefore, the ultimate negotiated rates in future periods includes a "built in" administrative cost factor thus loses its identity as such.

It was noted that during the audit period there were only two (2) contract provider's wherein the contracts included the 15% administrative charge. These are:

- Sojourn, Inc.;
- > Community Action Commission.

The Department has not proposed any adjustments at this time as these issues are still under review.

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services (CMS) Pub.15-1, Section 108 & 2304
- ➤ California Code of Regulations (CCR), Title 9, Division 1, Section 640

RECOMMENDATIONS

We recommend that that, if the County has not already done so, the County should revise all agreements with contractors to exclude the 15% administrative charge.

AUDITEE RESPONSE

The County concurs with this finding and has already implemented the State's recommendation by revising contractor agreements effective January 2008.

FINDING NO. 5: COUNTY COST REPORT INCLUDED COSTS AND UNITS OF CONTRACT PROVIDERS

Our examination of the County's records revealed that the County included the costs and units of service/time for two following (2) contract providers on the County's Medi-Cal program cost report:

- > Child Assistance Team Creating Hope (C.A.T.C.H.);
- Community Environmental Council (CEC)

A review of the County's Legal Entity Listing disclosed that these contractors have their own Legal Entity number, independent of the County Legal Entity number. As such, the costs and unit of service/time associated with these contractors should not be included on the County's cost report. The County cost report should only include those costs and related information that was actually incurred by the County in order to determine proper settlement.

Further, the County's contract agreements with C.A.T.C.H. and CEC state that the contractor must submit a cost report order to be reimbursed for services.

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- Fiscal Year 2002-2003 Cost and Financial Reporting System (CFRS)
- ➤ California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

RECOMMENDATION

We recommend that the County follow up on cost reports not submitted by contract providers. The County should inform contract providers of consequences of not submitting cost reports in a timely fashion. In addition, The County should not include contract provider costs and/or units of service/time on County's cost report.

AUDITEE'S RESPONSE

The inclusion of these small provider's costs and units of service (Community Environmental Council 51,595 units and Santa Barbara Office of Education

(CATCH, 2,396 units) as part of the County's cost report was done at the recommendation of our Analyst at the State. Upon discovery that these two providers, new to the program, had inadvertently neglected to submit a cost report for the start-up year, it was recommended that, the change to the units of service be done during the reconciliation process.

FINDING NO. 6: SENECA CENTER CONTRACTOR IMPROPER REPORTING OF DAY TREATMENT SERVICES

Our examination of the Seneca Center's (a contract provider) records disclosed that Day Treatment units of services reported under Mode 10, Service Function 81 (Half Day), were actually billed and approved by the State as Full Day Treatment services (10-85). The contractor is authorized to provide both Full Day and Half Day treatment as stated in the contract agreement.

The contract provider is to issue a letter to the DMH stating that the contractor provided full day intensive services. Based on the terms of the contract agreement and the contractor's letter, the reported Half Day Treatment units of service will be reclassified to Full Day services.

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- Fiscal Year 2002-2003 Cost and Financial Reporting System (CFRS)
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

RECOMMENDATION

We recommend that he contractor use due diligence when reporting units of service. Such due diligence will assure that the provider maximized Medi-Cal reimbursement. We also recommend the County compare reported units of service to applicable county records for propriety.

AUDITEE'S RESPONSE

County staff, including Fiscal and Quality Assurance will continue to work with out-of-County providers and the State to insure that changes made to the

provider files are properly documented and communicated for proper treatment in the cost reports.

FINDING NO. 7: NORTH VALLEY SCHOOLS CONTRACTOR IMPROPER REPORTING OF DAY TREATMENT SERVICES

Our examination of the North Valley Schools contractor's records disclosed that Day Rehabilitation Services reported under Mode 10, Service Function 91 (Half Day), were billed and approved as Full Day Rehabilitation services Mode 10, Service Function 95.

The terms of the contract agreement, along with County records, indicate that the contractor provided Full Day Rehabilitation Services. The DMH Audits Branch is awaiting written conformation from the contractor verifying the nature of the services provided.

Upon receipt of adequate supporting documentation, the reported Half Day Rehabilitation services will be reclassified to Full Day rehabilitation services for audit purposes.

AUDIT AUTHORITY

- ➤ Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- ➤ Fiscal Year 2002-2003 Cost and Financial Reporting System (CFRS)
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

RECOMMENDATION

We recommend that the contractor use due diligence when reporting units of service. Such due diligence will assure that the provider maximized Medi-Cal reimbursement. We also recommend the County compare reported units of service to applicable county records for propriety.

AUDITEE'S RESPONSE

County staff, including Fiscal and Quality Assurance will continue to work with out-of-County providers and the State to insure that changes made to the provider files are properly documented and communicated for proper treatment in the cost reports.

FINDING NO. 8: PHASE II (FEE-FOR-SERVICE) UNITS AND COSTS

Our examination disclosed that the Fee for Service (FFS) costs and units under Program II of the Short-Doyle/Medi-Cal Cost Report were not identified by discipline in accordance with the cost reporting instructions of Phase II (Outpatient) consolidation expenditures.

There are three (3) types of providers under Fee-For-Service Program II. These are: Group Providers, Individual Providers, and Organizational Providers. The provider types or disciplines are: Psychiatrist, Psychologist, Licensed Clinical

Social Worker (LCSW), Marriage, Family, and Child Counselor (MFCC), Registered Nurse (RN), and Mixed Specialty Group Practice. The County must request from the Department the provider type and a provider file update (PFU) form must be completed for each of the provider types. It must also indicate the modes of service and services functions to be used by that provider type. The County was unable to provide documentation identifying Fee-For-Service units by discipline, thus the Department was unable to reflect the grouping of the Short-Doyle/Medi-Cal units billed to the State.

In order to calculate and include settlement reimbursement under Phase II Managed Care Outpatient costs, the reported cost per unit was accepted as filed.

AUDIT AUTHORITY

- > Code of Federal Regulation (CFR) -3, 19, 27
- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304
- California Code of Regulations (CCR) Title 9, Section 640
- ➤ DMH Information Notice 97-15
- ➤ DMH Information Notice 97-06

RECOMMENDATIONS

We recommend that the County report Fee-For-Service units, gross cost, and total units by discipline and, if applicable, by service function within the discipline to reflect the actual payments made by the County. The total units of time should be captured for each discipline in order for the cost per unit to reflect the actual costs for each discipline as indicate on the letter dated December 23, 1998 sent to the Local Mental Health Administrators of the Counties.

We also recommend that the County exercise due care in the preparation of its cost report. All records utilized in the preparation of the Short-Doyle/Medi-Cal cost report must be retained; properly documented; and be readily available for

audit purposes. Supporting documentation must be properly labeled and have an audit trail thereby facilitating the completion of the audit in a timely manner.

AUDITEE'S RESPONSE

The responsibility to perform the detail audit work on this particular section was assigned to a staff new and unfamiliar with Mental Health including Fee for Service Programs. While many request were made by the audit team including copies of every provider in the Network, various units of service reports, payment reports etc., etc.,), when pressed for details regarding why the information was needed, none could be provided. The level of scrutiny and amount of supporting documentation requested seemed to be out of line compared to the total expense attributed to this cost reimbursed program.

Although not previously requested, the County will report units of service for this program by discipline for future cost reports.

FINDING NO. 9: COUNTY GENERAL LEDGER ACCOUNT 7901 (OTHER TRANSFER OUT)

Our examination disclosed that the County's General Ledger Account 7901 (Other Transferred Out) includes costs related to the Alcohol and Drug Treatment Program, and costs related to partnerships with other County agencies, and Administration costs that wee actually transferred in to the account. Per conversation with the CFO, administration cost totaling \$200,000 is, in actuality, a transfer of revenue from capital account 5911 to account 7901, and is not a true cost. As such, this amount should be excluded from the filed cost report. Following are a number of other items discovered during the regarding our review of this account (Account 7901):

- 1) Certain expense transferred from the Alcohol and Drug Treatment Programs are not related to Mental Health Services and were properly excluded from the filed cost report by the County;
- 2) Expenses related to Children's Mental Health Partnerships include expenses from three (3) County Departments. These Departments are:
 - a) Department of Social Services (DSS)
 - b) Public Health Department (PH)
 - c) Probation Department (Probation)

Per County staff, Children's Mental Health Services are provided at the following three (3) County Clinics:

- Santa Barbara;
- Santa Maria;
- > Lompoc.

The County reimburses the above mentioned partners (mentioned in 3a, 3b, and 3c above) for Children's Mental Health Services performed at these clinics based on cost reports submitted to the County. The total costs for Children's Mental Health Services for these provider's in the current fiscal amounts to \$940,931. Due to a lack of sufficient documentation, an adjustment is proposed to eliminate these expenditures.

The County claimed treatment costs rendered by staff of the Probation Department. The DMH was unable to confirm that these expenses were related to Children's Services treatment as claimed by the County. Per a Memorandum of Understanding (MOU) between the County and Probation:

- Probation will provide a program titled Counseling and Education Centers (CEC) to administer Children's Mental Health Services. Under the MOU, Probation is to provide counseling and education services to juvenile offenders placed by the Juvenile Court. The program will provide supervision and structure; monitor the terms and conditions of probation; provide family and individual counseling; and give minors an opportunity to improve educationally.
- ADMHS is to provide clinical treatment oversight, transition and family reunification services, home visits, evaluation of the youth, and counseling services including stress and anger management, self-esteem building, substance abuse avoidance, vocational skill building, and school attendance.

Probation submits a cost report to the County for reimbursement of these services.

Audit's interpretation of the MOU is that treatment services are being provided by probation staff. The qualifications of the probation staff to deliver treatment are not outlined in the MOU. Audits has request a list of those personnel from the Probation Department who are administering treatment, along with job descriptions and any credentials identifying them as qualified health care providers.

Also, per the MOU, it appears that at least a portion of the services are related to substance abuse treatment. These costs would not be allowed under the Medi-Cal program.

Audit's proposes to eliminate \$725,976 related to the Probation Department pending the receipt of additional documentation to support these costs.

The total proposed adjustment for account 7901 is \$1,873,505 broken down as follows:

| Administration (Page 9, Paragraph 1) | \$ | 200,000 |
|--|-----|-----------------|
| Adult Mental Health Partnership | | 6,667 |
| (Page 9, Paragraph 1, Item 2) | | |
| Children's Mental Health Services | | 940,931 |
| (Page 9, Last Paragraph) | | |
| Probation Department | | 726,976 |
| Unidentified (Page 10, Last Paragraph) | | (1,069) |
| Total Adjustment | \$1 | <u>,873,505</u> |

AUDIT AUTHORITY:

- ➤ Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

RECOMMENDATION

We recommend that the County keep adequate documentation to support reported expenses. The lack of adequate documentation could result in adjustments to settlement in the future.

AUDITEE RESPONSE

The county submitted no response as of this date.

FINDING NO. 10: COUNTY INCLUDED \$534,334 PROBATION CEC PROGRAM COSTS

The County included, as an Other Adjustment, expenses totaling \$534,334 related to CEC Probation costs. As described in Finding 9 above, the CEC program is a partnership between the County and the Probation Department. The County did not supply adequate documentation to support this cost.

AUDIT AUTHORITY

CMS Pub. 15-1, Sections 2300 and 2304

RECOMMENDATIONS

We recommend that the County keep records in sufficient detail to support all reported costs.

AUDITEES RESPONSE

The County submitted no response as of this date.

FINDING NO. 11: LACK OF RECORDS TO SUPPORT UR DISALLOWANCES

Our examination disclosed that based on interviews with certain County staff, during the course of the County's Quality Assurance (QA)/Utilization Review (UR) process, several charts were identified as not allowable under the Medi-Cal program. However, the County was unable to provide documentation identifying the disallowed charts. In addition, the County had no policy and procedures for in place for QA/UR for the audit year.

AUDIT AUTHORITY

CMS Pub. 15-1, Sections 2300 and 2304

RECOMMENDATIONS

We recommend that the County keep records in sufficient detail to support all reported costs.

AUDITEES RESPONSE

The County will insure that disallowances resulting from internal Quality Assurance Reviews will be maintained and made available for review during future audits.

FINDING NO. 12: AB 2034 HOMELESS PROGRAM COSTS

Our examination disclosed that the County authorized two (2) grants, in the amount of \$250,000 each, to the following contract provides:

- > Transitions Mental Health Association
- > Santa Barbara Mental Health Association

According to the County's records, these funds were to be used as the down payment on houses in which treatment was to be administered. The grants were approved in Fiscal Year 2001-2002, and distributed in 2002-2003. The County distributed the funds, but made no follow up as to the use of the funds. No documentation was provided to verify that the funds were actually used for their intended purpose.

Additionally, the terms of the contract states that the contractor is to administer treatment services for thirty years. If the contractor fails to meet requirements the County may, at its discretion recoup some or all of the grant funds from these providers.

The County needs to assure that the State AB2034 grant funds received from the State were used for their intended purpose. Any asset purchased or reimbursed with grant funds remains the property of the State until such time as the asset has been fully depreciated or is eventually disposed of at some future date. Therefore, if the contractor fails to perform, the County is required to return the asset or grant payment back to the State.

AUDIT AUTHORITY

- ➤ Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

RECOMMENDATIONS

We recommend that the County look into the use of these funds for propriety and reasonableness. A lack of documentation could result in audit findings in the future.

AUDITEES RESPONSE

As recommended, the County will follow up with the recipients of the funds and insure that the properties purchased with these funds continue to used be used solely for the designated purpose, "provide housing for clients "at risk" of homelessness.

FINDING NO. 13: NO DOCUMENTATION TO SUPPORT ENHANCED MEDI-CAL UNITS OF SERVICE

Our examination disclosed that a review of the DMH Summary of Short-Doyle/Medi-Cal Units of Service report revealed the County billed the State for

27,979 Enhanced Medi-Cal units of service. However, the County's Medi-Cal Units report (PSP356) indicated that no Enhanced services had been performed.

In addition, the cost report the submitted to the State by the County did not show any Medi-Cal Enhanced units. Through discussions with the County, Audits was able to determine that the Enhanced services were performed, but the County was unable to extract the Enhanced units from the total Short-Doyle/Medi-Cal units. Therefore, the Enhanced were included by the County with the Short-Doyle/Medi-Cal units on the cost report. Audit's and the County agree that the Enhanced units per the DHM Summary report will be deemed as audited Enhanced units.

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

RECOMMENDATIONS

It is recommended that the County review and update reporting systems and policies for Enhanced Short-Doyle/Medi-Cal units. Improper reporting of Enhanced units may result in lower reimbursement for these services.

AUDITEE'S RESPONSE:

The County will insure that our internal system properly captures units of service for Enhanced Short-Doyle/Medi-Cal population to insure proper reporting in future cost reports.

FINDING No. 14: REDUCTION IN OUTREACH COSTS

Our examination disclosed the Outreach costs reported in the County's cost report for the audit year (FY02-03) decreased by \$600,000 as compared to Outreach costs in the prior year. Subsequent to the close of the audit, DMH

Audits staff talked with County staff about this matter. The concern of DMH Audits staff was whether, through an error or otherwise, a portion of the outreach

costs were somehow reported in the treatment modes. After our conversation with the County, we were assured that there were no outreach services costs reported in the treatment program for the fiscal period under audit.

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services CMS Pub. 15-1, Sections 2300 and 2304
- ➤ California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

RECOMMENDATIONS

Since the County provided assurance of proper reporting of Outreach services costs, no recommendations are necessary.

AUDITEE'S RESPONSE

No response necessary.